

Timeline for Case 2013-8658

Label	Value
Respondent:	Brian J Moss
Credential:	HYPN.HP.10000014
Profession:	Hypnotherapist Registration
Created:	10/09/2013
Closed:	04/01/2014
Alleged Issues:	Exploiting a Patient for Financial Gain Improper or Abusive Billing Practices Unprofessional Conduct
Case Nature:	Documentation
Resolutions:	Standard of Care/Services Evidence does not support a violation

Timeline Detail	Start	End	Days Used
OPENED	10/08/2013	10/09/2013	1
Intake	10/09/2013	10/10/2013	1
Assessment	10/10/2013	10/17/2013	7
Investigation	10/17/2013	03/24/2014	158
Case Disposition	03/24/2014	04/01/2014	8
CLOSED	04/01/2014		0

Timeline Summary	Auth Days	Extend Days	Days Used	Days Remain
OPENED	0	0	1	-1
Intake	7	0	1	6
Assessment	14	0	7	7
Investigation	170	0	158	12
Case Disposition	140	0	8	132
CLOSED	0	0	0	0
Total:			175	

Case Disposition WorksheetRespondent: Brian Moss Case Number: 2013-8658 HP/8656 LTDate Presented: 3/27/2014

Profession: _____

Staff Present: ☒ Tammy Kelley ☒ Bill
Kellington ☐ Mona Johnson ☒ Don
Painter ☒ Billie Dale ☐ Betty MoePresented by: Tammy Kelley

Staff Attorney: _____

Pre-Assigned or Requested (circle one)¹**SEXUAL MISCONDUCT CASES**

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when there are no clinical issues involved. (It is recommended to make this referral only after investigation; however, any pre-investigation referral should include a panel authorization for investigation.)

- ☐ Panel finds there are clinical issues, do not refer.
☐ No clinical issues, refer case to Secretary

Complete Signature Below Only If Case Is Referred to Secretary

Authorized by Panel Chair: _____

Print Name of Panel Chair: _____

per Program Staff (initials) _____

Reviewing Commission Member _____

(if applicable)

(if applicable)

Date referral authorized: _____

A. REQUEST FOR LEGAL ACTION:☐ Summary Action:☐ Suspension ☐ Practice Restrictions _____☐ Statement of Charges:☐ Statement of Allegations:☐ Notice of Correction:☐ Notice of Determination:☐ Withdrawal of SOC:☐ Withdrawal of SOA:☐ Compliance: Unique closure – profession terminated☐ Compliance: Release from Order☐ Compliance: Referral to Collection Agency☐ Compliance: Authorization for Fast Track**Alleged Violations—RCW 18.130.180:**

- ☐ (1) Moral turpitude
☐ (2) Misrepresentation of facts
☐ (3) False advertising
☐ (4) Incompetence
☐ (5) Out of state action
☐ (6) Illegal use of drugs
☐ (7) Violated state or fed law

- ☐ (10) Aiding and abetting
☐ (11) Violation of rules
☐ (12) Practice beyond scope
☐ (13) Misrepresentation or fraud
☐ (14) Failure to supervise
☐ (15) Public health risk
☐ (16) Unnecessary or inefficacious drugs

- ☐ (19) Treating by secret methods
☐ (20) Betrayal of patient privilege
☐ (21) Rebating
☐ (22) Interference w/ investigation
☐ (23) Current drug/alcohol misuse
☐ (24) Sexual contact/patient abuse
☐ (25) Acceptance of more than nominal gratuity

☐ (8) Failure to cooperate☐ (17) Criminal conviction☐ (9) Failure to comply☐ (18) Criminal abortion**Other Violations of Relevant State or Federal Law: _____**

Or

RCW 18.130 .170:☐ Mental Impairment☐ Physical Impairment**B. FILE CLOSED:**

<input type="checkbox"/> No Jurisdiction	<input type="checkbox"/> No violation at the time the event occurred	<input type="checkbox"/> Conduct was within standard of practice	<input type="checkbox"/> No violation determined
<input checked="" type="checkbox"/> Evidence does not support a violation	<input type="checkbox"/> Risk minimal, not likely to reoccur	<input type="checkbox"/> Mistaken identity	<input type="checkbox"/> Care rendered was within standard of care
<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Complainant withdrew	<input type="checkbox"/> No Whistleblower	<input type="checkbox"/> Complaint unique closure
<input type="checkbox"/> Application Investigation Only- No Action to Deny			

Further explanation (if any): _____

C. OTHER, EXPLAIN (Legal Review, Return to Investigation, etc.):

¹ Program may request a specific staff attorney who has prior experience with the file or the Respondent.

CASE REVIEW FORM-SECRETARY PROFESSIONS

DATE: 3/27/2014

CASE #: 2013-8656 LF & 8658 HP

ALLEGATIONS (from the original complaint):

C alleges that R improperly billed and financially exploited a patient. He makes several other allegations of substandard care by R.

SUMMARY OF CASE (ex. Criminal Conviction Dates, Classification of Crime, Pleadings, etc):

R states that C was referred to him through a friend for DID treatment. He scheduled a four hour initial session for him to assess him for DID, he states that his disclosure statement thoroughly explains his fees. He denies C's allegations regarding his care and states that he never lead C to believe that he was the only one capable of providing his treatment.

CREDENTIAL INFORMATION:

ISSUANCE: 2001/1987 EXPIRATION: 2015 STATUS: active

COMPLAINT HISTORY:

PREVIOUS COMPLAINTS: One -See ILRS

INITIAL RECOMMENDATION (To CMT) :

AGGRAVATING FACTOR:

★

MITIGATING FACTOR:

★

CHARGING/CLOSURE RECOMMENDATION:

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, ...

FINAL CHARGING/CLOSURE RECOMMENDATION (By CMT) :



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



DEPARTMENT OF HEALTH
HEALTH SYSTEMS QUALITY ASSURANCE DIVISION

CONFIDENTIAL INVESTIGATION REPORT
PREPARED FOR THE
SECRETARY, DEPARTMENT OF HEALTH

Case #'s 2013-8658HP/2013-8656LF

RESPONDENT: BRIAN J. MOSS

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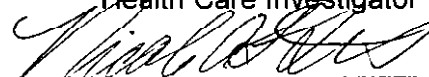
APPENDIX C - GENERAL SUMMARY

APPENDIX D - EVIDENCE/EXHIBITS

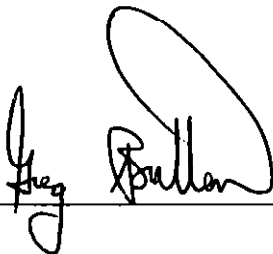
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Nicole A.L. Foster
Health Care Investigator



APPROVED BY



DATE

3/21/2014

APPENDIX A

RESPONDENT INFORMATION

NAME:	BRIAN J. MOSS	
BUSINESS ADDRESS:	2910 E Madison Street Suite 113 Seattle, WA 98112	
BUSINESS TELEPHONE #:	206-329-1188	
RESIDENCE ADDRESS:	Not Provided	
RESIDENCE TELEPHONE #:	Not Provided	
LICENSE NUMBER:	MFT.LF.00000909	HYPN.HP.10000014
DATE ISSUED:	07/22/2001	09/30/1987
EXPIRATION DATE:	04/26/2015	04/26/2015
BIRTH DATE:	04/26/1956	
SPECIALIZATION:	N/A	
PREVIOUS COMPLAINT HISTORY:	One prior complaint noted in the records.	
ATTORNEY IDENTIFICATION:	Not Provided	

APPENDIX B
COMPLAINANT INFORMATION

NAME:	4 - Name - Whistlebl...	
BUSINESS ADDRESS:	Not Provided	
BUSINESS TELEPHONE # :	Not Provided	
RESIDENCE ADDRESS:	4 - Name - Whistleblower Regardin...	
RESIDENCE TELEPHONE # :		
ATTORNEY:	Not Provided	
ATTORNEY ADDRESS:	Not Provided	
ATTORNEY TELEPHONE # :	Not Provided	

APPENDIX C

GENERAL SUMMARY

Allegation:

A complaint was received from 4 - Name - Whistlebl..., the Complainant, against the Respondent alleging unprofessional conduct, exploiting a patient for financial gain, and improper billing. Specifically, the Complainant alleged that the Respondent's behavior was highly unethical, irrational, and somewhat paranoid. The Complainant also alleged that he was tricked and intimidated into agreeing to pay a large fee.

The complaint was reviewed by the Counselor Programs who forwarded it to the Office of Investigation and Inspection (OII) of the Department of Health (DOH) for an investigation.

Evidence pages 1, 2-10.

It should be noted that there is a companion case, DOH case number 2013-8656LF, which is based on the same complaint.

Complainant Summary:

On October 28, 2013, the Complainant was sent a Complainant Notification Letter and a Whistleblower Release Form. **Evidence pages 11, 12.**

On November 25, 2013, the Complainant was telephoned and was interviewed. The Complainant reiterated the same information that was in the complaint and provided no new information.

On December 13, 2013, the signed Whistleblower Release Form approval was received in the Tumwater Office and was subsequently received in the Kent Office on December 19, 2013.

Evidence page 13.

Respondent Summary:

On October 28, 2013, the Respondent was sent a Respondent Notification Letter. **Evidence page 14.**

On October 31, 2013, a telephone call was received from the Respondent. The Respondent was advised that no information could be provided to him at this time, as a signed Whistleblower Release Form had not been received.

On December 5, 2013, Investigator Foster telephoned the Respondent and provided him with an update on the investigation.

January 3, 2014, the Respondent was sent a 21-day Letter of Cooperation and a Declaration of Mailing. **Evidence pages 15-18, 19.**

On January 24, 2014, the Respondent's statement and supporting documentation were received via mail. **Evidence pages 20, 21-30, 31-70.** The following is a summary of some of the important points in the Respondent's statement.

The Respondent wrote that the Complainant was referred by a former friend of the Complainant, who had encouraged the Complainant to contact the Respondent because of the Respondent's experience in treating Dissociative Identity Disorder (DID). The Complainant self-reported a

2013-8658HP/2013-8656LF / BRIAN J. MOSS

number of reasons for seeking therapy, including severe anxiety, previous diagnoses of PTSD, and previous diagnoses of dissociative disorder (DDNOS). The Respondent's reason for the four hour session was to assess for DID, which was his standard practice. The Respondent provided a copy of his disclosure statement (**Evidence pages 36-40**). **Evidence page 21**.

The Complainant described himself on the intake form as having Asperger's. In the Respondent's only session with the Complainant, the Respondent tried to focus on concrete information and stayed away from metaphor or emotionally nuanced conversation. **Evidence page 21**.

Regarding the allegation about the Respondent's fees, the Respondent wrote that the Complainant had been fully informed and had signed a disclosure statement regarding his fees (**Evidence pages 36-40**). **Evidence page 22**.

The Respondent supplied a screen shot of an August 25, 2013 e-mail that he had sent to the Complainant advising the Complainant in advance that his first session would be four hours in length. The Respondent wrote that since that was a long time for a session, and the Complainant had not met the Respondent and did not know if he would be comfortable with the Respondent, the Complainant should feel free to leave at any time without incurring any time for the time left unused. The Respondent wrote to the Complainant in this e-mail that his fee was \$150/hour and he could take insurance. **Evidence page 23**.

Regarding the allegation concerning the Respondent's alleged unethical behavior during the intake session that was described as irrational, paranoid, and involving conspiracy theories, the Respondent wrote that the Complainant had asked the Respondent general questions about extreme forms of trauma and dissociation. The Complainant seemed especially interested in the difference between Dissociative Identity Disorder NOS and Dissociative Identity Disorder. The Complainant appeared to have taken the Respondent's comments about DID and its etiology that the Respondent had made in general terms, and the Complainant had applied them to himself personally. The Respondent wrote that the Complainant had misrepresented the Respondent's answers to the Complainant's questions and misunderstood much of their conversation. The Respondent wrote that the Complainant's statements regarding this were inaccurate and there was no documentation to show otherwise. **Evidence page 25**.

The Respondent wrote that his discussion with the Complainant covered some unsettling topics. Talking about Dissociative Identity Disorder is to talk about extreme forms of human experience such as ongoing, organized abuse taking place in a variety of social networks, such as children raised in the Ku Klux Klan who were forced to participate or witness violence from an early age or survivors of child pornography whose parents participated in the exploitation. The Respondent also had worked with survivors of mind control programming and unethical/illegal factions of military and intelligence communities. **Evidence page 25**.

The Respondent wrote that the mind control and medical experimentation seemed to have been the subject matter that most disturbed the Complainant, which the Complainant wrote a great deal about in his complaint. Despite the Complainant's distress and despite the difficulty of speaking about such dark subjects, which were answers to the Complainant's questions, the Respondent opined that the conversation between the Respondent and the Complainant were well within the standard of care established by the Respondent's profession. **Evidence page 26**.

The Respondent wrote that he had not told the Complainant that knew exactly what was wrong with him, had not dismissed the Complainant's long-standing diagnosis of DDNOS, and had not told the Complainant that he (the Complainant) actually suffered from DID. The Respondent wrote that he would never claim that he knew exactly what was wrong with any client. The Complainant appeared to have taken the Respondent's comments about DID and its etiology in general, and had applied them to himself personally. **Evidence page 27.**

The Respondent wrote that he never said that everyone on earth who suffered from DID was created by some form of government conspiracy, other than Sybil. The Respondent said that he had shared with the Complainant a range of opinions among clinicians treating DID, and did not insist on anything. The Respondent wrote that the key point here was that he had provided the Complainant with information responsive to his questions, and did not insist on anything from the Complainant. **Evidence page 27.**

The Respondent wrote that he did not insist that only he could help the Respondent, that no other therapist had the knowledge and expertise he had, that the Complainant must accept his "explanation" of the Complainant's problems, and the Complainant would suffer forever and never heal if the Complainant did not continue to see the Respondent. The Respondent wrote that these allegations were simply false. The Complainant did ask the Respondent about his fees for long term work, and could the Respondent slide the scale and how often that he typically saw patients. As they finished their session, the Respondent did not offer the possibility of further sessions because, by the end of the session, the Respondent was not sure what the Complainant wanted, why he had come, or if the Respondent could be of much help to him. **Evidence pages 27-28.**

The Respondent denied recommending that the Complainant's friend cut off all contact with the Complainant because the Complainant questioned the Respondent's conspiracy theories. The Respondent wrote that he would never advise any client to end a job, a friendship, or a marriage, as a decision of that significance should come from the client after careful exploration of their motives and needs. Additionally, the documentation showed that the Complainant's relationship with his friend had ended long before the Respondent could have had any influence over his friend. Also, the Respondent was not the Complainant's friend's therapist. **Evidence page 28.**

Regarding the Respondent's training and experience in treating Dissociative Disorders, the Respondent wrote that his practice was divided between marriage and family therapy and the dissociative disorders. The Respondent has had extensive training and experience in this regard. **Evidence pages 29-30.**

The Respondent submitted with his statement the following:

- Table of contents (**Evidence page 20**)
- Complainant's Intake Form (**Evidence pages 31-35**)
- Disclosure statement (**Evidence pages 36-40**)
- Email correspondence with the Complainant (**Evidence pages 41-63**)
- Guidelines for Treating Dissociative Identity Disorder (DID) in adults (**Evidence pages 64-67**)
- Respondent's notes from the intake session (**Evidence page 68**)
- Respondent's curriculum vitae (**Evidence pages 69-70**)

Investigator's Note: The Respondent highlighted, notated, and tabbed portions of his statement and the supporting documentation. **Evidence pages 20-70.**

APPENDIX D

EVIDENCE/EXHIBITS

<u>Page #'s</u>	<u>Description</u>
1	RCWWAC cover sheet
2-10	Complaint
11	Complainant Notification Letter
12	Whistleblower Release Form (unsigned)
13	Signed Whistleblower Release Form approval
14	Respondent Notification Letter
15-18	21-Day Letter of Cooperation
19	Declaration of Mailing
20	Table of Contents
21-30	Respondent's statement
31-35	Complainant's Intake Form
36-40	Disclosure statement
41-63	Email correspondence between the Respondent and the Complainant
64-67	Guidelines for Treating Dissociative Identity Disorder in adults
68	Respondent's notes from the intake session
69-70	Respondent's curriculum vitae

APPENDIX E

CONTACT LIST

Complainant

Respondent

2013-8658HP/2013-8656LF / BRIAN J. MOSS

Nicole A.L. Foster, Investigator
Department of Health/OII
20425 72nd Avenue South, Suite 310
Kent, Washington 98032
253-395-6744

APPENDIX F
ACTIVITY REPORT

1. 10/31/13 Received a call from the Respondent.
2. 10/31/13 Reviewed case file. Returned call to the Respondent and left a voicemail.
3. 11/08/13 Called the Complainant and the number provided was not valid.
4. 11/13/13 CLEAR check was performed on the Complainant.
5. 11/15/13 Telephoned the Complainant and left a voicemail.
6. 11/16/13 Voicemail received from the Complainant.
7. 11/19/13 Telephoned the Complainant and left a voicemail.
8. 11/25/13 Telephoned the Complainant. Discussed the Whistleblower Release Form. He is not sure if he wants to approve and have his name given to the Respondent. Will call back with decision. Reiterated the same information provided in the complaint and no new information was provided.
9. 12/02/13 Voicemail received from the Complainant.
10. 12/05/13 Telephoned the Respondent and provided update.
11. 12/05/13 Telephoned the Complainant and left a voicemail.
12. 12/10/13 Telephone the Complainant and left a voicemail.
13. 12/10/13 Voicemail received from the Complainant. Telephoned the Complainant and discussed the Whistleblower Release Form and the Complainant was going to sign the approval and mail it out today. Lengthy conversation.
14. 12/19/13 Whistleblower Release Form received with signed approval.
15. 01/03/14 Prepared 21-Day Letter of Cooperation. Response is due 01/28/14.
16. 01/03/14 Telephoned the Respondent and left a voicemail.
17. 01/03/14 Received a voicemail from the Respondent.

2013-8658HP/2013-8656LF / BRIAN J. MOSS

18. 01/24/14 Respondent's statement and supporting documentation were received.
19. 01/30/14 Reviewed the Respondent's statement and supporting documentation.
20. 03/04/14 Duplicated the Respondent's statement and supporting documentation for companion case, 2013-8658HP.
21. 03/17/14 Prepared case report.
22. 03/18/14 Prepared case report.
23. 03/20/14 Prepared case report.
24. 03/21/14 Completed case report.

COMPLAINT INTAKE SUMMARY WORKSHEET

RESPONDENT INFORMATION

Name & Address	BRIAN J MOSS 2910 E MADISON ST STE 113 SEATTLE, WA 98112-4214					Case #	2013-8658 HP	
						Allegation	<ul style="list-style-type: none"> Exploiting a Patient for Financial Gain Improper or Abusive Billing Practices Unprofessional Conduct 	
						License #	HYPN.HP.10000014	
						Issued	9/30/97	
Phone #						Status	Active	
Legal Action	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Compliance	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Cases	Open: 0	Closed: 1 (LF)

COMPLAINANT INFORMATION

Name & Address	4 - Name - Whistleblower Regarding Health Care Provid...		
Phone #		E-Mail	

SUMMARY OF COMPLAINT

Respondent is alleged to have tricked and intimidated the complainant into paying a large fee (\$600 for a 4 hr session) for counseling services. The respondent stated he had a sliding scale and knew the complainant was not working. The respondent stated that the complainant owed him \$600 now before he left the office. The complainant paid the \$600 in check but stopped the payment. The complainant paid the amount and was not given a receipt or a bill. The complainant suffers from

Investigator:

FOSTER

Priority:

1 - Attorney Work Product - RCW...

Date:

10/18/13



Respondent Notification Letter
Complainant Notification Letter
Whistleblower



NHA Notification Letter
Special Letter (see comments below)

Assessment Worksheet

Respondent: Brian MossCase Number: 2013 - 8658

Date: 10/17/2013

Board/Commission/Profession: HP

Facility Type: _____

Presented by: TLK

- ☐ Conference Call ☒ Board/Commission/CMT meeting Panel members: _____
☒ Tammy Kelley ☐ Leann Yount ☐ Billie Dale
☒ Don Painter ☒ Betty Moe ☐
☒ Bill Kellington ☐

A. **FILE CLOSED:**

<input type="checkbox"/> BT- No Jurisdiction	<input type="checkbox"/> BT- No violation at the time the event occurred	<input type="checkbox"/> BT- Advertising that is a technical violation	<input type="checkbox"/> BT- Communication and personality issues
<input type="checkbox"/> BT- Aged or outdated complaints	<input type="checkbox"/> BT- Risk minimal, not likely to reoccur	<input type="checkbox"/> BT- Lack of complaint credibility	<input type="checkbox"/> BT- Complainant withdrew
<input type="checkbox"/> BT- No complainant's or client/patient's name and no allegations of significant harm or potential harm	<input type="checkbox"/> BT- Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT- Practice on an expired credential for a period of time accepted by the disciplining authority	<input type="checkbox"/> BT - Insufficient information
<input type="checkbox"/> BT- Profession-specific threshold. Explain: _____ _____ a) Violating confidentiality b) Inappropriate delegation c) Failure to supervise d) Isolated incidents	<input type="checkbox"/> BT- Issues which have been otherwise resolved. Explain resolution: _____ _____ (detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT- If allegations are true, no violation of law occurred	<input type="checkbox"/> BT- Referral to another program or agency. <input type="checkbox"/> BT- Incident reported by facility

B. **Investigation of the complaint is authorized.**

Additional Instructions to investigator: _____

Initiate investigation and obtain relevant records, including patient records and any required subpoenaed docs.

Authorized by Panel Chair/CMgr: Tammy Kelley
 Print Name of Panel Chair/CMgr: Tammy Kelley

Per Program Staff (initials) ME Reviewing Commission Member _____
 (if applicable) (if applicable)

Date investigation authorized: 10-17-13

Recommended priority:

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental...

C. **SEXUAL MISCONDUCT CASES**

For Board and Commission cases, panel should refer sexual misconduct cases to the Secretary when the case does not involve clinical expertise or standard of care issues. (Note: any pre-investigation referral should still include a panel authorization for investigation.)

- ☐ Panel finds there are clinical issues, do not refer.
☐ No clinical issues, refer case to Secretary

COMPLAINT INTAKE SUMMARY WORKSHEET

RESPONDENT INFORMATION

Name & Address	BRIAN J MOSS 2910 E MADISON ST STE 113 SEATTLE, WA 98112-4214					Case #	2013-8658 HP	
						Allegation	<ul style="list-style-type: none"> Exploiting a Patient for Financial Gain Improper or Abusive Billing Practices Unprofessional Conduct 	
						License #	HYPN.HP.10000014	
						Issued	9/30/97	
Phone #						Status	Active	
Legal Action	Yes	No	Compliance	Yes	No	Cases	Open:	Closed:
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>		0	1 (LF)

COMPLAINANT INFORMATION

Name & Address	4 - Name - Whistleblower Regarding Health Care Provide...		
Phone #		E-Mail	

SUMMARY OF COMPLAINT

Respondent is alleged to have tricked and intimidated the complainant into paying a large fee (\$600 for a 4 hr session) for counseling services. The respondent stated he had a sliding scale and knew the complainant was not working. The respondent stated that the complainant owed him \$600 now before he left the office. The complainant paid the \$600 in check but stopped the payment. The complainant paid the amount and was not given a receipt or a bill. The complainant suffers from PTSD, depression, social anxiety and DDNOS (Dissociative Disorder). The complainant states that the respondent acted irrational and paranoid.

The respondent stated he knew what was wrong with the complainant and stated he did not suffer from DID and dismissed the diagnosis of DDNOS. The respondent insisted that everyone who suffers from DID was created by some kind of government conspiracy where people were experimented on. He insisted that he was the only person who could help the complainant as he has years of experience.

The complainant was referred to the respondent by a friend who has now been told to cut off contact with the complainant as the complainant questioned the respondents irrational ideas.

Companion case: Moss, Brian J. 2013-8656LF

Case View Screen

Case	2013-8658 (PUBLIC: Internal)	Date Created	10/09/2013	Audit Entry Items Notes Master Ca Participan Timeline
Status	Assessment	Date Received	10/08/2013	
Respondent ID	807351	How Received	Email	
Respondent	Brian J Moss	Receiving Board	SECRETARY	
Credential	HYPN.HP.10000014	Receiving Profession	Hypnotherapist Registration	
Address	Brian J Moss	Receiving Department	Case Intake	
	<input type="radio"/> Public <input checked="" type="radio"/> Mail	Received By	Kristi Cholski	
	Brian J Moss 2910 E Madison St Ste 113 Seattle, WA 98112-4214	Alleged Issues	Exploiting a Patient for Financial Gain Improper or Abusive Billing Practices Unprofessional Conduct	
Complainant ID	1100418	Case Nature	Documentation Standard of Care/Services	
Complainant	4 - Name - Whis...			

Comments:

- Action Items
- Resolution
- Participants
- Priority History
- HIPDB Reports
- TimeTracker

Action Items [add] [add group]

Type	Assigned To	Activity	Track Time	Due	Effective	Completed	Order Signed	Created ▼
Present for Assessment	Case Management, Kelley, Tammy		[add]		10/10/2013			10/10/2013
Target: Brian J Moss, HYPN.HP.10000014								
Case Status:	Status Changed To:	Assessment						
Intake	Case Intake, Cholski, Kristi		[add]		10/09/2013	10/09/2013		10/09/2013
Target: Brian J Moss								
Warning: Warning Type: CASE PENDING								
Warning Effective Date: 10/09/2013								
Suppress License Print: NO								
Warning: 2013-8658								
Case Status:	Status Changed To:	Intake						
Action Info: Complaint Source Patient/Client/Resident								
Possible Imminent Danger? No								
Single Complaint Process Coordination Needed? No								
Companion Case (1) Moss, Brian J. 2013-8656LF								
Enter Case Summary Yes								
Comments: Respondent is alleged to have tricked and intimidated the complainant into paying a large fee (\$600 for a 4 hr session) for counseling services. The respondent stated he had a sliding scale and knew the complainant was not working. The respondent stated that the complainant owed him \$600 now before he left the office. The complainant paid the \$600 in check but stopped the payment. The complainant paid the amount and was not given a receipt or a bill. The complainant suffers from PTSD, depression, social anxiety and DDNOS (Dissociative Disorder). The complainant states that the respondent acted irrational and paranoid.								
The respondent stated he knew what was wrong with the complainant and stated he did not suffer from DID and dismissed the diagnosis of DDNOS. The respondent insisted that everyone who suffers from DID was created by some kind of government conspiracy where people were experimented on. He insisted that he was the only person who could help the complainant as he has years of experience.								
The complainant was referred to the respondent by a friend who has now been told to cut off contact with the complainant as the complainant questioned the respondents irrational ideas.								
Companion case: Moss, Brian J. 2013-8656LF								

Credential View Screen [update]



Brian J Moss Address: <input type="radio"/> Public <input checked="" type="radio"/> Mail <div style="border: 1px solid black; padding: 2px;"> [change mail address] Brian J Moss 2910 E Madison St Ste 113 Seattle, WA 98112-4214 </div>	<table> <tr> <td>ID</td> <td>807351</td> </tr> <tr> <td>Warnings</td> <td></td> </tr> <tr> <td>SSN/FEIN</td> <td>2 - DOH Licens...</td> </tr> <tr> <td>Contact Standing</td> <td>Living</td> </tr> <tr> <td>Contact Type</td> <td>INDIVIDUAL</td> </tr> <tr> <td>Birth Date</td> <td>04/26/1956</td> </tr> <tr> <td>Public File</td> <td>YES</td> </tr> <tr> <td>Mailing List</td> <td></td> </tr> <tr> <td>US Citizen</td> <td></td> </tr> <tr> <td>Legacy Licensure Name</td> <td>MOSS, BRIAN J</td> </tr> </table>	ID	807351	Warnings		SSN/FEIN	2 - DOH Licens...	Contact Standing	Living	Contact Type	INDIVIDUAL	Birth Date	04/26/1956	Public File	YES	Mailing List		US Citizen		Legacy Licensure Name	MOSS, BRIAN J	Contact Audit Enforcement Cont. Edu Documents Owned By/ Exams Experience Notes Schools Librarian Application Other State Online Infor
ID	807351																					
Warnings																						
SSN/FEIN	2 - DOH Licens...																					
Contact Standing	Living																					
Contact Type	INDIVIDUAL																					
Birth Date	04/26/1956																					
Public File	YES																					
Mailing List																						
US Citizen																						
Legacy Licensure Name	MOSS, BRIAN J																					

Comments:

Hypnotherapist Registration [update] [form letter]

<table> <tr> <td>Credential #</td> <td>HYPN.HP.10000014</td> </tr> <tr> <td>Legacy License #</td> <td>HP10000014</td> </tr> <tr> <td>Application Date</td> <td></td> </tr> <tr> <td>Effective Date</td> <td>03/13/2013</td> </tr> <tr> <td>Expiration Date</td> <td>04/26/2014</td> </tr> <tr> <td>First Issuance Date</td> <td>09/30/1987</td> </tr> <tr> <td>Last Date Of Contact</td> <td></td> </tr> </table>	Credential #	HYPN.HP.10000014	Legacy License #	HP10000014	Application Date		Effective Date	03/13/2013	Expiration Date	04/26/2014	First Issuance Date	09/30/1987	Last Date Of Contact		<table> <tr> <td>Credential Status</td> <td>ACTIVE (03/14/2013)</td> </tr> <tr> <td>Status Reason</td> <td>ACTIVE</td> </tr> <tr> <td>Amount Due</td> <td>\$0.00</td> </tr> <tr> <td>Date Last Activity</td> <td>3/14/2013 1:43:15 PM</td> </tr> <tr> <td>Last Updated by</td> <td>Stewart, Kevin</td> </tr> <tr> <td>Certificate Sent Date</td> <td>03/14/2013</td> </tr> </table>	Credential Status	ACTIVE (03/14/2013)	Status Reason	ACTIVE	Amount Due	\$0.00	Date Last Activity	3/14/2013 1:43:15 PM	Last Updated by	Stewart, Kevin	Certificate Sent Date	03/14/2013	Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal Legacy License Status
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Last Updated by	Stewart, Kevin																											
Certificate Sent Date	03/14/2013																											

Comments:

- Supervises
- User Defined License Data
- Workflow
- Legacy

Workflow

Legacy Contact Information
 Legacy Credential History
 Legacy Renewal Information

Background Check Processed

OCT 13 2013

NPOB/HIPDB
 Department of Health
 Office of Investigation and Inspection

Contact View Screen [update]



Brian J Moss Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail Brian J Moss 2910 E Madison St Ste 113 Seattle, WA 98112-4214 Preferred Communication Method:	ID 807351 Warnings SSN/FEIN Contact Standing Contact Type Criminal History Public File Mailing List US Citizen	2 - DOH Licens... Living INDIVIDUAL NO YES	Audit Enforcement Cont Edu Documents Owned By/k Exams Experience Notes Schools Librarian Application Other State Online Infor
---	--	--	--

Comments:

- Addresses
- Individual Information
- Credential List
- Legacy

Contact Addresses [add]

Address Information	Contact Information	Update Addresses
Brian J Moss 2910 E Madison St Ste 113 Seattle, WA 98112-4214 County: King Country: United States Joined on: 03/21/2013 Last updated by Tessa Everett (DOH)	Phone (206) 329-1188 Fax Cell Email brian.mft@earthlink.net	[update] MAIN ADDRESS Contact Public Address Contact Mail Address Form Letter Public Address for: - MFT.LF.00000909 - HYPN.HP.10000014 Mail Address for: - HYPN.HP.10000014
Brian J Moss 2910 E Madison St Apt 113 Seattle, WA 98112-4214 County: King Country: United States Joined on: 02/16/2008 Last updated by Sandra Lewis (DOH)	Phone (206) 329-1188 Fax Cell Email	[update] MAIN ADDRESS Form Letter Mail Address for: - MFT.LF.00000909
Brian J Moss 2722 EASTLAKE AVE 300 SEATTLE, WA 98102 County: King Country: United States Joined on: 02/16/2008 Last updated by LEGACYDATA	Phone Fax Cell Email	[update] ZLegacy ASI Main Address Form Letter

Individual Information [update]

Field	Value	Field	Value
Birth Place	Chicago IL, United States	Gender	M
Birth Date	04/26/1956	Online User ID	MOSS807351
Drivers License State	WA		

Credentials [add]

Credential	Sub	License Type	Effective Date	Expiration Date	Status	Reason
HYPN.HP.10000014 Brian J Moss 2910 E Madison St Ste 113 Seattle, WA 98112-4214		Hypnotherapist Registration	03/13/2013	04/26/2014	ACTIVE	ACTIVE
MF.MF.20000774 Brian J Moss 2910 E Madison St Ste 113 Seattle, WA 98112-4214		Marriage & Family Counselor Certificate		07/23/2001	EXPIRED	PROFESS DISCONTI
MFT.LF.00000909 Brian J Moss		Marriage and Family Therapist License	03/20/2013	04/26/2014	ACTIVE	ACTIVE

2910 E Madison St Ste 113
Seattle, WA 98112-4214
MH.MH.30000177
Brian J Moss
2910 E Madison St Ste 113
Seattle, WA 98112-4214

	Mental Health Counselor Certificate	04/26/1994	04/26/1994	TERMINATED	LEGACY TERMINA
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Legacy Contact Information**Legacy Credential History**

CASE HISTORY

Enforcement View for Moss, Brian J

[Close]

Public Case(s)					
Case	Credential Number	Case Status	Resolution	Date Created	Date Closed
1991-115491	MH.MH.30000177	CLOSED	ZLegacy - Closure CLOSED	12/18/1991	07/15/1992
Public Master Case(s)					
Master Case	Credential Number	Case Status	Resolution	Date Created	Date Closed
No Public master case(s) associated with this contact.					
Public Examinations(s)					
Examinations	Credential Number	Case Status	Resolution	Date Created	Date Closed
No Public examinations(s) associated with this contact.					

Close

Notes for Case Number: 1991-115491 [add]

Action	Date	User	Note
[Modify]	02/16/2008	Legacy	5/29/92 FILE RETURNED FROM ISU. 1/16/92 FILE SENT TO ISU COMPLAINT RE: DISHONESTY, CORRUPTION OR MORAL TURPITUDE, INCOMPETENCE, ABUSE OF OR SEXUAL CONTACT WITH A CLIENT.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

April 01, 2014

Brian J Moss
2910 E Madison St Ste 113
Seattle, WA 98112-4214

Subject: Case No: 2013-8658

Dear Brian Moss:

We have completed our investigation and review of this case.

We have closed this case without disciplinary action because the evidence does not support a violation.

We may reconsider this decision if we receive more relevant information or identify a pattern of similar complaints.

The person who filed this complaint has been notified of this decision. Under state law, you may submit a written statement. The statement will be included in the file.

You have the right to request any information contained in the file. If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360) 586-2171.

If you have questions, contact us at (360) 236-2620 or email at hsqacomplaintintake@doh.wa.gov.

Sincerely,

William J Gault
Office of Customer Service
Complaint Intake Unit



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

April 01, 2014

4 - Name - Whistleblower Regarding Health ...

Subject: Case No. 2013-8658

Dear 4 - Name - Whistle...:

Thank you for submitting your complaint about Brian Moss.

Based on our investigation, we closed your case because the evidence does not support a violation.

We carefully reviewed this complaint based on the facts and state law. State law defines the disciplinary process and unprofessional conduct (Chapter 18.130 RCW). We cannot consider issues outside its authority.

The law allows you one opportunity to request reconsideration of the disciplinary authority's decision. To do so, you must provide new information about your original complaint within 30 days of receiving this letter. After 30 days, any new information will be treated as a new complaint. Please send any new information to the Department of Health, Office of Investigation and Inspection, Case Management, PO Box 47874, Olympia, WA 98504-7874.

You have the right to request any information contained in the file. If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360) 586-2171.

If you have questions, please contact us at (360) 236-2620 or email us at hsqacomplaintintake@doh.wa.gov.

Thank you for bringing this matter to our attention.

Sincerely,

William J Gault
Office of Customer Service
Complaint Intake Unit

Notice

The identity of a whistleblower who complains in good faith to the Department of Health about the improper quality of care by a health care provider or in a health care facility shall remain confidential.

RCW 43.70.075

Department of Health staff need to:

- Place this notice in the file with the complaint.
- Keep this notice in the file with the complaint when the case is closed.

WAC 246-15-030

Notice

000001

Cholski, Kristi (DOH)

From: 4 - Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1)
Sent: Monday, October 07, 2013 5:42 PM
To: DOH HSQA Complaint Intake
Subject: Complaint Against Therapist (MFT) Brian J. Moss
Attachments: Complaint against Brian J. Moss (Therapist, MFT) by 4 - Name - Whistl....doc

Hello, I am contacting you to file a complaint against a therapist (MFT) with whom I recently had a 4-hour intake session (on 09/03/2013). I feel that he behaved in an consistently unethical during our session, as well as misleading me about his fees and essentially tricking me into agreeing to pay him \$600.

I have attached the complaint for with all the details. Please feel free to contact me via email if you have any questions or would like any more information. I have trouble using the phone, so email is much preferred if possible.

Thank you,

4 - Name - Whistleblow...

RECEIVED

OCT 08 2013

COMPLAINT INTAKE
UNIT



Washington State Department of

Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

RECEIVED

OCT 08 2013

COMPLAINT INTAKE
UNIT

Complaint Form

Today's Date: 10/07/2013

1. Your Information

Name:

4 - Name - Whistleblower Regarding He...

Address

City: 4 - Name - ...

State: 4 - N...

Zip: 4 - Name ...

Phone: Work () - Home 4 - Name - Whistleblower Rega...

2. Information about the Facility or Health Care Professional

Type of facility or profession: Therapist (MFT)

Name of facility or professional: Brian J. Moss

Address: 2910 East Madison, Suite 113

City: Seattle

State: WA

Zip: 98112

3. Resident/Guest/Patient Information

Full Name (if different than above)

Date of Birth (of patient, if complaint involves a patient) 4 - Name - Whistleblo...

Date of incident: 09/03/2013

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at **HSQAComplaintIntake@doh.wa.gov**, or fax to 360-236-2626, or mail to the address above.

Please attach any supporting documentation and additional sheets if necessary.

000003

There are perhaps two different issues here so I will try to keep them separate.

First, I feel that I was tricked and intimidated into agreeing to pay this therapist a very large fee which I can ill afford since I am currently not working due to my disability. I have provided details on this complaint below.

Secondly, I feel that, in the single intake session which I had with this therapist, his behaviour was highly unethical, even irrational and somewhat paranoid. I feel that this therapist behaved inappropriately towards myself, and furthermore I fear that my friend (Matthew Morgan Todd), who was the one who recommended that I see this therapist, is suffering from ongoing unethical treatment by this therapist. Again, I have provided complete details below on this complaint.

I will begin with a bit of background:

On the advice of a friend (Matthew Morgan Todd) who had been seeing this therapist (Brian J. Moss) for many months, I contacted him with the intention of starting treatment. I suffer from PTSD, Depression, Social Anxiety, and DDNOS (Dissociative Disorder not otherwise specified). My Dissociative Disorder bears some resemblance to DID (Dissociative Identity Disorder) but is significantly different from that disorder such both I and several therapists I have previously seen agree that DID is not an appropriate diagnosis for me.

I first contacted Brian J. Moss on August 25 via email, and after emailing back and forth for a bit, we agreed on an intake appointment on September 3rd, which would be 4 hours long. We did not specifically discuss what the fee would be for this appointment, but he clearly stated that he had a sliding scale. He also said that I could leave the session at any time and would have "with no further obligation" if I was unhappy with how things were going at any time. He was aware that I was not working and had limited funds, before we even agreed on a first appointment.

I kept my appointment on 09/03/2013, and am filing this complaint based on the events of that date.

Details on my first complaint (about the fee):

As previously mentioned, in setting up the intake appointment with Brian J. Moss, no specific discussion of the fee for that appointment was made, but he did say he had a sliding scale, he knew I was unemployed and had limited funds, and he said that I could leave at any time with no further obligation, so I felt comfortable in keeping the appointment.

Since we had not specifically discussed the charge for this intake session beforehand, I had expected that would be the very first thing we would discuss, and I expected that the fee would be minimal due to my circumstances and his mention of a sliding scale. Unfortunately due to my high level of anxiety, I did not realize that the topic never came up. Eventually after four solid hours with no break (in which, as I will discuss below, this therapist behaved in a highly unethical manner), I was exhausted, hungry, thirsty, and in a very confused and vulnerable state from everything that had just happened. I found myself agreeing to see him again and promising that I would email him when I figured out how often and when would work for me.

He then told me that I owed him \$600 RIGHT NOW, in cash or by check, before I left his office, and that in spite of his previous assertion about sliding scale, this session would not be on any kind of sliding scale, and furthermore that he could not see me on any kind of sliding scale other than a token 20% discount off his \$150/hour fee IF I agreed to see him twice a week instead of just once (either option would be completely unaffordable to me) -- he was essentially giving me a choice between something I couldn't afford (\$150/week) or something even MORE expensive (\$240/week), and calling that a discount. I was left stunned and panicked by all this sudden revelation, as it was all far beyond my budget, and I would never have agreed to see him in the first place had any of this been made clear to me beforehand.

He also told me that he never actually bills anything, ever, that only accepts payment at the time he sees people, and that does not work with insurance in any way because it is "too much trouble". He told me I was welcome to try to get my insurance to reimburse me if I wanted to try that, but I would still have to pay him first and then try to get reimbursed from the insurance company afterwards (which I realize now, would be impossible anyway since he doesn't give any kind of documentation of treatment received). I was given no bill, receipt, or anything of that nature. He seemed to be going out of his way to avoid leaving any kind of paper trail or evidence that he was even seeing me (or any of his clients, I assume). While I did not question this at the time, it seems suspicious now.

His behaviour while demanding his \$600 fee was quite intimidating, and I was afraid that he was going to physically prevent me to leave his office unless I paid

what he was demanding. When I explained that I did not come in carrying \$600 in cash, and that I could only write checks through my bank online and have them mailed out, he told me that there was an ATM down the road and I would have to get the cash from there. I responded that I was pretty sure my bank would not allow me to take out that much all at once from an ATM. He eventually, reluctantly, let me go -- but only after having me swear that I would immediately go online and send him a \$600 check the second I got home.

I actually did send the check, but later, after having time to think about what had happened, I felt that I had been tricked and intimidated into paying something that I would NEVER have agreed to had it been discussed beforehand, and that I could really not afford, and so I stopped payment on the check.

I recently received an email from him about the fact that the check had been stopped, but because I now find myself quite afraid of this man, I did not read it.

Details on my second complaint (unethical behavior during the one intake session I had with this therapist):

For reference I will begin by stating exactly which things this therapist did that I felt were unethical behavior (aside from the issue of payment, described above), before going into detail on how this happened during the session.

(1) Having never seen me before this day, he claimed that he knew exactly what was wrong with me, dismissed my long-standing diagnosis of DDNOS and told me that there was no possible doubt that I actually suffered from DID.

(2) In addition to insisting that I suffered from DID, he also insisted that EVERYONE (literally every person on earth) who suffers from DID was intentionally created by some kind of government conspiracy, other than a few extremely rare cases such as Sybil (which he claimed were what actually led to the government conspiracy to create and experiment on people with multiple personalities).

(3) He insisted that only he would be able to help me, that no other therapists had the knowledge and expertise he had, that if I did not accept his "explanation" of my problems and did not continue to see him, then I would continue to suffer forever and would never heal.

(4) I later came to find out that my friend (Matthew Morgan Todd), who had recommended that I see this therapist, had decided to cut off all contact with me on the advice of this therapist. I feel that he (Brian J. Moss) is intentionally trying to cut my friend Matthew off from anyone who might question his conspiracy theories and possibly get him (Matthew) out of his (Brian's) control. After my experience with this therapist I am now very afraid for my friend's well-being, but unable to do anything about it (other than filing this complaint).

Let me now go into detail about exactly how the session went:

When I first saw Brian J. Moss, in the session I described my diagnosis as DDNOS in some detail, pointing out both the similarities with DID and the differences which led to my NOT being diagnosed with DID. As I mentioned, I was expecting things to start with a discussion about fees, since that had yet to be clarified, but due to my anxiety I failed to notice that this never actually occurred. We talked a little bit about Matthew (who had recommended me to see this therapist), and my current and past relationship with him. I questioned whether it was ok for me to be seeing him (the therapist) if he was also seeing Matthew, but he said it was not a problem, and that each of us might provide insight into the other's issues, since we had been so closely involved in the past. He actually said that he already knew a lot about me from what Matthew had told him, which would help us get started more quickly. I protested that Matthew's perception of me and my issues was somewhat distorted through the lens of his own experience and issues. I explained that I felt it would be inappropriate to rely on anything Matthew had said about me over what I was saying myself, but he was dismissive of this concern, saying that he would take that into account and I shouldn't worry about it.

We talked for some time and I don't really remember everything that was said, but one of the main topics that stands out very clearly was that this therapist, who barely knew me, was not only insisting that he knew exactly what was going on with me, and that my issue was definitely, absolutely D.I.D., Dissociative Identity Disorder, despite my being very clear that neither I nor any of my previous therapists believed this to be true. On top of that, he also went on to positively INSIST, quite firmly and without the slightest hint of doubt, that ALL people with D.I.D. were created by some kind of shadowy government conspiracy whose only purpose was create and people with multiple personalities in order to experiment upon them. He was quite insistent that this was absolutely the only option, that ALL people with D.I.D. were deliberately created in this way, and claimed that he had YEARS of experience and evidence to back this claim up, and that there was absolutely no possible doubt that this was complete fact.

When I objected to the absurd idea that every single human being with D.I.D. was deliberately created by some kind of government conspiracy (not that I discount the idea that this may have happened to some people, I try to keep an open mind, but the idea that this is the ONLY cause of D.I.D. is simply unbelievable, and, I think, irrational), he kept steering the conversation back to things I had said that "proved" this must be true for me: The fact that I remember very little from before the age of 15 proved that I was created as he claimed, since they would make sure I wouldn't remember it (my lack of early memories is actually very likely just a symptom of my dissociation, which causes me a lot of memory troubles -- though I do not discount the possibility that there was some traumatic event or events which I could have blocked out). He REALLY latched onto my mention of the fact that I am bothered by blinking lights in my peripheral vision, or ticking sounds, etc., (this is actually a symptom of Asperger's Syndrome, or possibly just a quirk of my anxiety) and the fact that I am frightened by loud noises (which I think is just a symptom of my anxiety) -- He absolutely INSISTED that all of these experiences, were actually because of "the machines that were used on me to give me multiple personalities" (I'm paraphrasing, but this is pretty close to exactly what he said).

I should have left when it became obvious that he was not really listening to anything I said other than to try to fit it into his delusional worldview and use it to try to convince me of something which I have complete certainty is false, but my anxiety prevented me from getting up and simply walking out the door, and in my extremely anxious and vulnerable state I could not help but be somewhat swayed by the force of his personality and obvious certainty in what he was saying, and so I became increasingly confused and uncertain of what I should say or do, especially since he kept insisting that only he could "fix" me and that if I left I would be broken forever. When, in spite of my anxiety, I tried to argue against the idea that all people with D.I.D. shared the exact same experience, he backtracked a bit and said that well, the first couple of cases that were famous like Sybil occurred naturally, but that this was what made the secret government agencies interested in the effect and caused them to start making more such people on purpose, to research and experiment on them (again, while I do not discount the possibility that this may have actually happened to *some* people, a small bit of research on my part just now says that the LOWEST estimate of the number of people with D.I.D. in just the US is over 30,000 people, and by other estimates could be up to 100 times that -- and it's hard to imagine that some secret government agency could have caused this in every single one of these people, scattered across the entire US -- let alone in other countries -- this man's claims are simply irrational!). He insisted that he had years upon years of experience and evidence of all of this, and that there was no question of the fact that he was correct, and that my reluctance to accept his claims was likely just more evidence that it was true -- that my reluctance to believe him was implanted by the people who "created me" this way. Furthermore, yet again he told me that if I did not go along with his theory, then he wouldn't be able to help me, that no one would

ever be able to help me, and I would be wasting everyone's time, and I would never be able to heal.

The last part of this story is the involvement of my friend Matthew Morgan Todd, the one who initially referred me to this therapist in the first place. Several months ago my friend Matthew had decided to cut off nearly all contact with me, with no real explanation, and had only recently communicated with me just a little bit via email. This communication was mostly to urge me to see this great new therapist (Brian J. Moss) who he thought was so wonderful and was helping him so much. I later had further conversations with Matthew, and it came out that the main reason for him cutting off all contact with me when he did was that he was afraid that I was dangerous -- or rather, that this new therapist had convinced him that I was dangerous because I was somehow connected to the the causes and circumstances involved in Matthew's own Dissociative Identity Disorder. When I questioned how this could be true since we did not even meet until he was 18 and already well aware of suffering from D.I.D., he said that things had come up in therapy that "proved" this was true, but would not go into detail. Upon further questioning from me he (Matthew) finally revealed that this therapist (Brian J. Moss) had "uncovered memories" through hypnosis which had convinced Matthew of the fact that I was dangerous and connected to the people who "created" his multiple personalities, and that any objection I had to this absurd possibility could be attributed to the fact that that "they" made it so that I wouldn't know or remember. I fear that this therapist is deliberately cutting Matthew off from anyone who might question his irrational ideas or threaten his control over Matthew. I am very afraid for my friend's safety and well-being.

I understand that my friend has every right to seek whatever treatment he desires and that it is his choice whether or not he has any contact with me, but after my experience I fear this therapist is taking advantage of my friend and doing him harm, just as believe he was attempting to do with me. I understand if the part about Matthew is not something you can do anything about, but the other complaints I have against this therapist should still be valid even so.

Thank you. You have my contact info and the name and address of the therapist that I am filing this complaint about. I fear that my friend Matthew would be of little help in the matter as he seems to be completely under the sway of this man's delusions, but I will include his contact info in case that would help:

Mathew Morgan Todd (AKA Matt Todd)
523 BROADWAY E APT 436
SEATTLE, WA 98102-5385
Phone: 206 856 6334

<i>For Department of Health use only:</i>			
Reviewed for multiple authority applications	date	name	
Routed to:	Multi-authority coordinator	date	
	Office	date	
	Office	date	



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

October 28, 2013

4 - Name - Whistleblower Regarding Health Ca...

RE: **Brian J. Moss**
Case No: **2013-8656LF 2013-8658HP**

Dear 4 - Name - Whistlebl...:

Your recent complaint about **Brian J. Moss**, has been referred for investigation. The investigator assigned to your complaint is:

*Nicole Foster, Health Care Investigator
Investigation & Inspection Office
20425 72nd Avenue South, Suite 310
Kent, WA 98032
Phone: (253) 395-6744 FAX: (253) 395-6365
Email: Nicole.Foster@doh.wa.gov*

You or your representative has a right to inform the disciplinary authority orally or in writing about any impacts this matter has had on you or your family and on a recommended sanction. The disciplining authority is limited to the sanctions listed in RCW 18.130.160. Please note the law requires us to provide a copy of your statement to the license holder named in your complaint.

Please read, sign and return the enclosed Whistleblower Release Form within fourteen (14) days after you receive this letter. Included is a postage-paid envelope for your convenience. Thank you for your cooperation in this matter.

Respectfully,


Tina Crawford
Health Services Consultant

Enclosures:
Whistleblower Release Form



000011

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

* * * * *

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
(DOH WHISTLEBLOWER STATUTE)

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, as defined in RCW 43.72.010 shall remain confidential..."

I understand that my identity is confidential pursuant to RCW 43.70.075 (DOH Whistleblower Statute). By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Brian J. Moss**, Respondent, to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceeding, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____

Date: _____

Home Phone: _____

Day Phone: _____

DENIAL OF CONFIDENTIALITY WAIVER

I hereby deny my waiver of confidentiality and deny consent to release of my identity. I understand this denial may impair the Department of Health's ability to pursue disciplinary/adverse actions.

Signature: _____

Date: _____

Home Phone: _____

Day Phone: _____

CASE #: 2013-8656LF 2013-8658HP
RESPONDENT: Brian J. Moss

000012

RECEIVED

DEC 13 2013

DEPARTMENT OF HEALTH
Office of Investigation and Inspection

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
(DOH WHISTLEBLOWER STATUTE)

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, as defined in RCW 43.72.010 shall remain confidential..."

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APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceeding, I hereby waive confidentiality and consent to the release of my identity.

Signature: 4 - Name - Whistleblower Regarding Health C...
Date: 12 / 9 / 2013
Home Phone: 4 - Name - Whistleblower Regarding ...
Day Phone: 4 - Name - Whistleblower Regarding ...

DENIAL OF CONFIDENTIALITY WAIVER

I hereby deny my waiver of confidentiality and deny consent to release of my identity. I understand this denial may impair the Department of Health's ability to pursue disciplinary/adverse actions.

Signature: _____
Date: _____
Home Phone: _____
Day Phone: _____

CASE #: 2013-8656LF 2013-8658HP
RESPONDENT: Brian J. Moss

000013



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

October 28, 2013

BRIAN J MOSS
2910 E MADISON ST APT 113
SEATTLE WA 98112-4214

RE: Case # 2013-8656LF 2013-8658HP

Dear Brian J. Moss:

The Counselor Programs within the Department of Health, has received a complaint alleging unprofessional conduct on your part, as defined in RCW 18.130.180. The complaint alleges incompetence, negligence, or malpractice. This notice is required by RCW 18.130.095.

The Uniform Disciplinary Act (UDA) provides that the Counselor Programs has the authority to investigate complaints against health care providers. RCW 18.130.050 The Counselor Programs has reviewed the complaint. The issues fall within its jurisdiction, and the Board/Program authorized an investigation to gather the facts in this matter.

We are bound by two different laws, which may seem to conflict. The first requires that we immediately notify you that a complaint has been filed. The second, the whistleblower law (RCW 43.70.075), prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver allowing us to do so. We understand that it can be challenging to learn that a complaint has been filed against you, but not know any details about it. As a result, once we receive the signed waiver, an investigator will contact you as soon as practical. At that time, all issues will be discussed as fully as allowed by law. Your case is being assigned to:

*Nicole Foster, Health Care Investigator
Investigation & Inspection Office
20425 72nd Avenue South, Suite 310
Kent, WA 98032
Phone: (253) 395-6744 FAX: (253) 395-6365
Email: Nicole.Foster@doh.wa.gov*

You may submit a written statement about the complaint at any time to the investigator listed above. However, you may choose to wait until you are contacted by the investigator and you have had the chance to discuss the complaint. As noted earlier, the investigator will contact you after a confidentiality release has been received, if one is required. You may consult with and engage an attorney, at your expense, to represent you in this matter prior to making a written statement. If you wish to have an attorney represent you, please have the attorney send us a Letter of Representation at the address above. The Letter of Representation will allow us to speak with him or her, if necessary, about the complaint against you and ensure they are copied on any correspondence to you.

Thank you for your anticipated cooperation.

Respectfully,


Tina Crawford
Health Services Consultant





STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 3, 2014

Mr. Brian J. Moss
2910 E. Madison St.
Apt. # 113
Seattle, WA 98112-4214

Re: DOH File # 2013-8656LF/2013-8658HP

Dear Mr. Moss:

The Counselor Programs of the Department of Health has received a complaint against you alleging unprofessional conduct. Specifically, 4 - Name - Whistleblow..., the Complainant, alleges that your behavior was highly unethical and even irrational and somewhat paranoid. The Complainant alleges that he was tricked and intimidated into agreeing to pay you a large fee.

The Complainant also alleged the following:

"His behavior while demanding his \$600 fee was quite intimidating, and I was afraid that he was going to physically prevent me to leave his office unless I paid what he was demanding."

"(1) Having never seen me before this day, he claimed that he knew exactly what was wrong with me, dismissed my long-standing diagnosis of DDNOS and told me that there was no possible doubt that I actually suffer from DID.

(2) In addition to insisting that I suffered from DID, he also insisted that EVERYONE (literally every person on earth) who suffers from DID was created by some kind of government conspiracy, other than a few extremely rare cases such as Sybil (which he claimed were what actually led the government conspiracy to create and experiment on people with multiple personalities.)

(3) He insisted that only he would be able to help me, that no other therapists had the knowledge and expertise he had, that if I did not accept his 'explanation' of my problems and did not continue to see him, then I would continue to suffer forever and would never heal.

(4) I later came to find out that my friend (Matthew Morgan Todd), who had recommended that I see this therapist, had decided to cut off all contact with me on the advice of this therapist. I feel that he (Brian J. Moss) is intentionally trying to cut my friend Matthew off from anyone who



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might question his conspiracy theories and possibly get him (Matthew) out of his (Brian's) control. After my experience with this therapist I am now very afraid for my friend's well-being, but unable to do anything about it (other than filing this complaint)."

A copy of the complaint is enclosed for your review.

The Counselor Programs is the entity within State government with legislated authority and responsibility to assure the delivery of safe health care. Under the provisions of RCW 18.130.050, the Washington Counselor Programs is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted. Also, be advised that no charges of any kind have been issued in connection with this investigation.

Under the provisions of RCW 18.130.180(8), a health care provider shall cooperate with an investigation by providing a full and complete written explanation covering the matter under investigation. Your response may be used if disciplinary action is taken. You may have an attorney assist you, at your expense, prior to making your written response. If you elect to have an attorney represent you, please have the attorney send me a Letter of Representation. The Letter of Representation from your attorney allows me to speak with him or her about the complaint that has been filed against you. In addition, it will ensure that your attorney is provided a copy of all correspondence that is sent to you. Your failure to provide a written statement may cause you to be charged with Failure to Cooperate pursuant to RCW 18.130.180(8).

In addition to providing a written statement, RCW 18.130.050(7) and RCW 18.130.230 mandate that you provide documents, records, and other items in a timely manner when requested. If you fail to provide requested documents, records, or other items within the specified timeframe, you can be charged a fine up to \$100 per day. The fine applies to documents, records, or other items under your control. The maximum fine is \$5,000. The fine will be reported to the Federal databases and will appear on the Department of Health website that can be accessed and viewed by the general public. Your failure to provide the requested documents, records, or other items in a timely manner may also cause you to be charged with Failure to Cooperate pursuant to RCW 18.130.180(8).

The Health Care Information Act, RCW 70.02.050 (2)(a), requires that a health care provider disclose health care information about a patient, without patient authorization, when the information is needed to determine compliance with state licensure rules or laws. The Revised Code for Washington (RCW) and Washington Administrative Code (WAC) are available on-line at <http://www.leg.wa.gov/RCW> and <http://www.leg.wa.gov/WAC>.

In addition to the Health Care Information Act, the HIPAA Final Rule on Privacy Standards provides an exemption from patient consent and authorization requirements for a number of purposes, including "health oversight activities," at 42 CFR 164.512(d). This section lists permitted disclosures for which consent or authorization are not required and specifically includes licensure and disciplinary actions by state health oversight agencies.

Under the provisions of the above laws, you are asked to provide:

- ◆ A complete and detailed explanation addressing the allegation referenced above and in the enclosed complaint. Your statement may be handwritten or computer generated.
- ◆ Please be sure to address why the first session was 4 hours.
- ◆ Please address your training and experience with Dissociative Identity Disorder (DID).
- ◆ Please provide a copy of your Curriculum Vitae (CV).
- ◆ Please provide complete copies of all patient and billing records for 4 - Name - Whistleblower ... to include, but not limited to the disclosure statement, third party records in your possession, treatment notes and etc.

Your written response and the requested patient records and documents are due **January 28, 2014**. Please include any documentation you feel necessary to support your position. If you have any questions or cannot provide your statement and/or the requested patient records by the due date, please contact me.

IMPORTANT NOTICE:

The law changed recently. RCW 18.130.230 replaces current rules as to how quickly you must respond to requests for documents, records, and other items, including the sanctions that can be imposed for failure to produce these.

Please mail your response to:

Nicole Foster, Investigator
Department of Health/OH
20435 72nd Avenue South
Suite 200
Kent, WA 98032

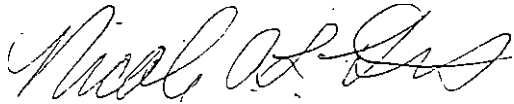
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If you have any questions or comments, please contact me at (253) 395-6744, or by fax at (253) 395-6365, or by writing to me at my office.

Thank you for your anticipated cooperation.

Respectfully,

A handwritten signature in cursive script, appearing to read "Nicole A.L. Foster".

Nicole A.L. Foster, Investigator
WA Department of Health
Office of Investigation and Inspection
Nicole.Foster@doh.wa.gov

Enclosures: Complaint
Declaration of Mailing

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

DECLARATION OF MAILING

I declare under penalty of perjury under the laws of the state of Washington that on January 3, 2014, I deposited in the United States mail a properly addressed postage paid envelope containing a Letter of Cooperation dated January 3, 2014, and a Declaration of Mailing, which was addressed to:

Mr. Brian J. Moss
2910 E. Madison St.
Apt. # 113
Seattle, WA 98112-4214

Dated: January 3, 2014, at Kent, WA

Nicole A.L. Foster, Investigator



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PSYCHOTHERAPY SERVICE
Individual, Couple and Family Therapy
Consultation Services and Professional Training

Brian J. Moss MA, LMFT
Clinical Fellow AAMFT
Approved Supervisor AAMFT

Response to DOH File # 2013-8656LF/2013-8658HP

Table of Contents

- (1) My Response to the complaint
- (2) Disclosure Statement included in *Confidential Application for Psychotherapy*
- (3) Complete Email correspondence in chronological order.
- (4) *Guidelines for Treating Dissociative Identity Disorder in Adults (2005)*
- (5) Clinical notes from intake session
- (6) My Curriculum Vitae



January 10, 2014

Ms. Nicole Foster
Department of Health/OH
20435 72nd Avenue South
Suite 200
Kent, Washington 98032

Response to DOH File # 2013-8656LF/2013-8658HP

Dear Ms. Foster,

I am providing this statement in response to the complaint alleging unprofessional conduct.

Before we begin, I want you to know that I take these allegations very seriously. I have always strived to embody the highest standard of ethics and integrity in my practice.

Please consider the following as you read:

- (1) As requested by the complainant in his 08/25/2013 email, all correspondence was via email. The result is that all communication before and after our session is thoroughly documented. These complete emails in chronological order are attached.
- (2) [4 - Name - Whi...] was referred by a former friend of his who encouraged him to contact me because of my experience treating Dissociative Identity Disorder (DID). [4 - Name - Whi...] reported a number reasons for seeking therapy, among them severe anxiety as well as previous diagnoses of PTSD and a dissociative disorder (DDNOS). The reason for the four hour session was to assess for DID. That is my standard practice. The only other time I do longer intake sessions is with couples or families in crisis and those rarely go over two hours.
- (3) Throughout this response I refer to my *Disclosure Statement* by that name and also by the names *Confidential Application for Psychotherapy* and *Intake Form*. This form, as completed by the complainant, is attached.
- (4) The complainant describes himself as having Asperger's (Intake Form). I am aware of the main issues that present with this condition. My wife is a learning specialist and we have had many conversations regarding issues related to the Autism Spectrum. My understanding is that nonverbal communication, metaphor and symbolic communication (unless rigidly defined, e.g. mathematics) are not helpful and often confusing. In my (only) session with [4 - Name - Whistl...] I tried to focus on concrete information and stay away from metaphor or emotionally nuanced conversation.

(1) In regards to the complaint regarding fees and payment. Mr. [4 - Name - ...] made a series of statements:

"I feel that I was tricked and intimidated into agreeing to pay this therapist a very large fee which I can ill afford since I am currently not working..."

"We did not specifically discuss what the fee would be for this appointment, but he clearly stated that he had a sliding scale."

"As previously mentioned, in setting up the intake appointment with Brian J. Moss, no specific discussion of the fee for that appointment was made, but he did say he had a sliding scale."

"Since we had not specifically discussed the charge for this intake session beforehand..."

"I felt that I had been tricked and intimidated into paying something that I would NEVER have agreed to had it been discussed beforehand, and that I could really not afford, and so I stopped payment on the check"

"I was left stunned and panicked by this sudden revelation, as it was all far beyond my budget, and I would never have agreed to see him in the first place had any of this been made clear to me beforehand."

These statements are all ways of saying the same thing: That the complainant was uninformed of my fee and my payment policy.

As you will see, documentation shows that [4 - Name - Whi...] was informed of both my fee and my payment policy. I have attached my Disclosure Statement which is part of the Intake Form which [4 - Name - Whi...] completed, signed and returned prior to our meeting. I asked [4 - Name - Whi...] at the beginning of our session if he had any questions regarding my Disclosure Statement or the intake form in general. He said that he did not. In addition to the Disclosure Statement I have also provided copies of emails dated prior to our meeting that contain a full disclosure of my fee and payment policy.

The screen capture below is from my *Confidential Application for Psychotherapy* (attached) that [4 - Name - Whi...] filled out, signed and returned to me via email prior to our meeting:

FEES: The fee is \$150 per fifty minute session; a sliding scale being available in some circumstances.

PAYMENT: Full payment is due each session. When insurance is used I ask that you pay me at each session and have the insurance company reimburse you.

CANCELLATION POLICY: If you are unable to make a scheduled session, please notify my office as soon as possible (24 hr. voicemail system: 206-329-1188). It is office policy to charge for sessions not canceled 24 hrs. prior to scheduled time.

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My disclosure statement was completed by 4 - Name - Whis..., signed, and returned on 09/01/2013 via email. We met for the first and only time on 09/03/2013.

It is unusual to have a client complete my intake form/disclosure statement electronically; usually clients print it out and bring a handwritten copy to the first session. The fact that the complainant returned my disclosure statement via email allows me to provide an exact date for its completion and return. I have attached his 09/01/2013 email that begins, "Here is the completed intake form." Scrolling to the end does indeed show the completed PDF file of my intake form. I still have this email and can provide it in electronic form if desired.

There are two dates requested on the intake form/disclosure statement and both are incorrect as provided by 4 - Name - Whistl...

The first date, on the front of the document reads 09/29/2013 which is a full month after Mr. 4 - Nam... had returned the document.

Further in the intake form is the signature page where the claimant states that he has read and understood the document, including my disclosure of fees and payment policy. He signed and dated this page as well. The date provided here is also incorrect: 08/29/2012; a date that is nearly a year before he contacted me.

This establishes the date of the email as the definitive date that I received a completed disclosure statement from him.

Other emails verify he was informed of my fee and payment policies. My initial reply to Mr. 4 - Nam... on the day that he contacted me has this information. It is dated August 25th, 2013 at 1:30:54 PM PDT, twelve days before our first and only appointment. It is titled Re: intake appointment for 4 - Name - Whistleblo... and contains the following sentence:

"My fee is \$150/hr and I can take insurance. I also am open to negotiating the fee if we decide to work together long term. I have many people on sliding scales right now so I am not sure what I can promise."

Here is a screen capture of the initial email (also attached) I sent to 4 - Name - Whi...:

From: Brian Moss
Subject: Re: intake appointment for 4 - Name - W...
Date: August 25, 2013 1:30:54 PM PDT
To: 4 - N...



Hi, 4 - N...

I am open to seeing you and will get back to you within the week. I would want to do an extended first session if that is possible. I usually schedule 4 hours for a first meeting. Since that is a long time, and you have not met me and do not know if you will feel comfortable with me, you are free to leave at any time without incurring any cost for the time left unused.

My fee is \$150/hr and I can take insurance. I also am open to negotiating the fee if we decide to work together long term. I have many people on sliding scales right now so I am not sure what I can promise.

4 - Name - Whist... states:

"He (Brian) also said that I could leave the session at any time and would have "with no further obligation" if I was unhappy with how things were going at any time."

In my August 25th email (above and attached) prior to our meeting I actually stated:

"I usually schedule 4 hours for a first meeting. Since that is a long time, and you have not met me and do not know if you will feel comfortable with me, you are free to leave at any time *without incurring any cost for the time left unused.*"

In regards to insurance, 4 - Name - Whi... states under the section: "Details on my first complaint (about the fee)":

"He also told me that he (Brian) never actually bills anything, ever, that only accepts payment at the time he sees people, and that does not work with insurance in any way because it is "too much trouble."

The complainant's following sentence is contradictory:

"He (Brian) told me I was welcome to try to get my insurance to reimburse me if I wanted to try that, but I would still have to pay him first and then try to get reimbursed from the insurance company afterwards." (which is actually my stated policy but is cited by 4 - Name - Whi... as part of his complaint!)

He then states that he was given no bill (consistent with my payment policy) and no receipt (though he had not paid anything). From there he speculates that I must be going out of my way to avoid leaving any kind of a paper trail or evidence that I was even seeing him. And concludes: "While I did not question this at the time, it seems suspicious now." And extends this logic even further: "or any of his clients, I assume."

At the end of the session I reminded 4 - Name - Whist... about the payment and he did not bring up any of the issues mentioned in this complaint. He told me he would send a check.

Even *two weeks* after our session, in his September 18 email (below and attached) there was nothing to indicate that he was dissatisfied.

From: 4 - N...
Subject: Re: Hello, 4 - N...
Date: September 18, 2013 11:00:53 AM PDT
To: Brian Moss

I am so sorry. I thought I had sent the check the same day I saw you, but when I looked back through my account just now, I didn't see a payment to you, so I've sent it again just now. I think that what happened was that I didn't click the final confirmation button when I sent it last time (I pay almost everything automatically, and I so rarely actually send checks out specifically, that I didn't realize there was one more step to confirm things before it actually sends it, and I was in a hurry to send it off right away).

I sincerely apologize. I double checked this time and the check is definitely on its way. If you don't get it in the next 3-4 days let me know and I can come down there and pay you in cash. I'm really very sorry about this.

On Wed, Sep 18, 2013 at 9:30 AM, Brian Moss <brian.mft@earthlink.net> wrote:
Are you not going to pay me?

Brian

I want to highlight the tone of this email and the fact that 4 - Name - Whi... invited me to contact him again if I did not receive the check in the next 3-4 days.

Please take note the variety of reasons for not paying my stated fee.

- (1) He was uninformed regarding my fee and payment policy.
- (2) He felt intimidated at the end of the session when I asked for payment.
- (3) He felt tricked into paying a fee that he could not afford because he is not working.
- (4) He didn't check the final confirmation button when he used online banking.
- (5) That I had promised him a sliding scale.
- (6) That after having time to think about what had happened he put a stop on the check.
- (7) That when I emailed him that a stop order had been placed on the check he was too afraid of me and did not read it.

I believe that by using documentation I have addressed all the issues related to my fee and payment policies and that I have established that the complainant was properly informed with all required information prior to our meeting.

(2) In regards to the complaint regarding my alleged unethical behavior during the intake session described as irrational and paranoid and involving conspiracy theories:

My experience of the session was that 4 - Name - Whi... asked me general questions about extreme forms of trauma and dissociation. He seemed particularly interested in the difference between Dissociative Identity Disorder NOS and Dissociative Identity Disorder.

He appears to have taken my comments about DID and its etiology that I made in general and applied them to himself personally. He has misrepresented my answers to his questions and misunderstood much of our conversation. His statements in this section of the complaint are as inaccurate as those regarding fees and payment policy but there is no documentation to show otherwise.

Our discussion covered some unsettling topics. To talk about Dissociative Identity Disorder is to talk about extreme forms of human experience. *Abuse* is an inadequate term to describe these experiences; *torture* might get closer. Even more upsetting, for those who have experienced it, is that much of the trauma is not random, one-time experience, but is instead ongoing, organized abuse taking place in a variety of deviant social networks. I have treated survivors healing from a variety of experiences: children raised in the Ku Klux Klan or similar hate groups forced to witness and participate in violence from an early age; survivors of child pornography whose parents participated in their exploitation; neo-Nazi networks and Satanic cults (sometimes overlapping) that indoctrinate children and maintain secrecy through terror and threats; and many experiences that can best be described as aspects of organized crime—especially human trafficking. I also work with survivors of mind control programming and unethical/illegal medical experimentation carried out by unsanctioned and unauthorized factions of the military and intelligence communities.

The mind control and medical experimentation seems to have been the subject matter that most disturbed the claimant and he wrote a great deal about it in his complaint. He would not be alone in his reaction to this discussion. This material is difficult for anyone learning about it for the first time. These are emotional subjects that generate intense reactions and dissonance for the public at large and have led to intense discussion and questioning among clinicians as well.

To quote from Judith Herman's book *Trauma and Recovery: the aftermath of violence—from domestic abuse to political terror*:

The study of psychological trauma...provokes such intense controversy that it periodically becomes anathema. *The study of psychological trauma has repeatedly led into realms of the unthinkable and foundered on fundamental questions of belief.*

Despite his distress and despite the difficulty of speaking about such dark subjects, I want to clarify the purpose of our intake session, and my discussion with [4 - Name - Whistl...] by pointing out that our conversation, including my answers to his many questions, were well within the standards of care established for my profession.

I am referring to the *Guidelines for Treating Dissociative Identity Disorder in Adults (2005)* issued by the *International Society for the Study of Dissociation*. These are considered the definitive guidelines within the field. I quote from the section on Ritual Abuse (pages 133-134, below and attached):

There is divergence of opinion in the field concerning the origins of patients' reports of seemingly bizarre abuse experiences such as involvement in organized occultist "ritual" abuse and covert government sponsored mind control experiments. Some clinicians believe that patients' reports of such occurrences can be rooted in extremely sadistic events of organized abuse experienced by these patients in childhood and/or later in life. They believe that such abuse experiences may be part of a larger pattern of organized crime that sometimes includes child pornography, child and adult prostitution, and trafficking in women and drugs. These clinicians have sometimes observed that some of these patients are still enmeshed in such networks at the beginning of therapy, and the alternate identities that present for treatment may have total amnesia for the fact that the abuse is still continuing. Although these clinicians accept the possibility that these reports can be accurate, they also acknowledge that some accounts may contain inaccuracies, and that other accounts may be entirely rooted in fantasy.

My approach with [4 - Name - Whistl...] was congruent with these guidelines. Further, he showed no sign of being dissatisfied with any aspect of our discussion or the information I shared with him during our session.

(3) In regards to specific issues concerning my session with Mr. 4 - Name - ...—you quote four of his allegations on the first page of your January 3rd letter informing me of the complaint. I would like to address those point by point below:

(3.1) “Having never seen me before this day, he claimed that he knew exactly what was wrong with me, dismissed my long-standing diagnosis of DDNOS and told me that there was no possible doubt that I actually suffer from DID.”

I have never and would never tell anyone that I know exactly what is wrong with them. Mr. 4 - Nam... asked me to speak generally on topics of dissociation and Dissociative Identity Disorder. He appears to have taken my comments about DID and its etiology that I made in general and applied them to himself personally.

(3.2) “In addition to insisting that I suffered from DID, he also insisted that EVERYONE (literally every person on earth) who suffers from DID was created by some kind of government conspiracy, other than a few extremely rare cases such as Sybil (which he claimed were what actually led the government conspiracy to create and experiment on people with multiple personalities.)”

I shared with 4 - Name - Whi... the range of opinions among clinicians treating DID. I did not insist on anything. To quote a second time from the *Guidelines for Treating Dissociative Identity Disorder in Adults (2005)* issued by the *International Society for the Study of Dissociation*:

There is divergence of opinion in the field concerning the origins of patients’ reports of seemingly bizarre abuse experiences such as involvement in organized occultist “ritual” abuse and covert government sponsored mind control experiments. Some clinicians believe that patients’ reports of such occurrences can be rooted in extremely sadistic events of organized abuse experienced by these patients in childhood and/or later in life. They believe that such abuse experiences may be part of a larger pattern of organized crime that sometimes includes child pornography, child and adult prostitution, and trafficking in women and drugs. These clinicians have sometimes observed that some of these patients are still enmeshed in such networks at the beginning of therapy, and the alternate identities that present for treatment may have total amnesia for the fact that the abuse is still continuing. Although these clinicians accept the possibility that these reports can be accurate, they also acknowledge that some accounts may contain inaccuracies, and that other accounts may be entirely rooted in fantasy.

The key point here is that I did not insist on anything but simply provided 4 - Name - Whi... with information.

(3.3) “He insisted that only he would be able to help me, that no other therapists had the knowledge and expertise he had, that if I did not accept his “explanation” of my problems

and did not continue to see him, then I would continue to suffer forever and would never heal."

This allegation is simply false. I do not even understand how it could be the result of miscommunication. There is also included in it the implication that I pressured him to continue seeing me, yet I am very careful in the way I speak to clients to let that decision remain with them. [4 - Name - Whi...] did ask me about my fees for long term work, if I would slide my scale and how often I typically saw clients. As we finished I did not offer the possibility of further sessions; partly because, by the end of the session I wasn't sure what [4 - Name - Whist...] wanted, why he had come, or if I could be of much help to him.

(3.4) "I later came to find out that my friend (MMT), who had recommended that I see this therapist; had decided to cut off all contact with me on the advice of this therapist. I feel that he (Brian J. Moss) is intentionally trying to cut my friend M. off from anyone who might question his conspiracy theories and possible get him (M.) out of his (Brian's) control. After my experience with this therapist I am now very afraid for my friend's well-being, but unable to do anything about it (other than filing this complaint)."

First of all I would never advise any client to end a job, a friendship, or a marriage; a decision of that significance would need to come from the client themselves, and ideally after a careful exploration of their motives and needs. Secondly, documentation shows that his relationship with his friend ended long before I could have had any influence and thirdly, I am not his friend's therapist—see the following quote from my intake form:

On my Intake Form I ask clients to provide "Information regarding Marital/Relationship status, including partner's name and length of relationship as well as any significant past relationships". Embedded in [4 - Name - Whistle...] answer to this question are the following statements:

3 - Mental health information, Adults - Information and records compiled, obtained, or maintained in the course of providing mental health services to voluntary or involunta

[4 - Name - Whi...] indicates that his relationship with his friend had been over for several years which shows that it was over before I ever met his friend. Let me explain. As I mentioned, I am not [4 - Name - Whistl...] friend's therapist; instead, I am serving in a supervisory role—providing training for his friend's therapist. My Consultation/Supervision Contract marks the beginning of that relationship and it is dated 07/28/12. This is the date I first became aware of [4 - Name - Whistle...] friend through my supervisory relationship with his friend's therapist.

To summarize: [4 - Name - Whi...] returned my intake form on 09/01/13 in which he states that his relationship with his friend had been over for a few years. When I first met with [4 - Name - Whi...] I had only known his friend since 07/28/12, a little over a year.

(4) My training and my experience with the Dissociative Disorders:

My practice is divided between marriage and family therapy and the dissociative disorders. This dual focus was present from the beginning of my training and resulted in my completing two internships: A one year internship at Seattle Child Guidance Center and a two year internship at Seattle Children's Hospital and Medical Center.

The goal of the hospital clinic was to provide relief for children in severe pain, especially ones not responding to medication or with psychosomatic features. We helped patients to manage their pain by teaching them to induce dissociative states. This was my initial education on the role dissociative states play in the management of overwhelming experience. At the clinic we were focused on physical pain but my learnings quickly transferred to working with trauma survivors in my private practice. I do not use hypnosis in my work with trauma survivors but my experience prepared me to identify and work with the unique unconscious process found in survivors of extreme trauma.

When I trained as a therapist in the early 1980s there was very little information available regarding Dissociative Identity Disorder, then known as Multiple Personality Disorder. My history with and knowledge of the dissociative disorders is the result of nearly 30 years experience working with extreme forms of trauma.

In the 1980s the modern field of dissociative studies was in its infancy and the first trainings on Multiple Personality were organized in Chicago by the *International Society for the Study of Multiple Personality and Dissociation*. I attended those conferences. At the time the Society published the only journal dealing specifically with Multiple Personality and dissociation titled *Dissociation*. I subscribed beginning with the initial issue for as long as it was published. The Society was then folded into the *International Society for the Study of Dissociation* (ISSD); also known as the *International Society for the Study of Trauma and Dissociation* (ISSTD). Since that time I have continued to keep informed regarding developments in the field, including through publications of the ISSD. The currently accepted standards of care for DID are derived from their publication, *Guidelines for Treating Dissociative Identity Disorder in Adults* (2005) which I referred to earlier.

I also continue to network with other therapists treating dissociative disorders. I have developed a level of competence that involves professional training and consultation for therapists working in this area and the feedback I have consistently received is that the consultations are beneficial for both therapist and client.

My Curriculum Vitae is attached but I want to elaborate on my process of becoming an Approved Supervisor with the American Association for Marriage & Family Therapy (AAMFT). I had a close relationship with Carl Whitaker MD for the last 10 years of his life and the first 10 years of my career. He was one of the most powerful voices in shaping the practice of family therapy and in bringing systems thinking into the field of psychotherapy. I never knew either of my grandfathers and Carl was more than willing to let me make up for that loss through our relationship.

The process of becoming an AAMFT Approved Supervisor requires finding someone to serve as a supervision mentor throughout the training process. Carl was my supervision mentor. He was actively involved throughout my training, supervising me in all aspects of marriage and family therapy; he was solely responsible for my final evaluation. For more than five years I spoke with Carl weekly. I have had competent training. I have always endeavored to honor that training and to pass it on to the next generation by maintaining the highest level of professional integrity.

Respectfully Submitted,



Brian Moss, MA, LMFT

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Washington Administrative Codes Regulating Marriage And Family Therapy

The Washington State Department of Health requires that, "clients are to be provided a list of or copy of the acts of unprofessional conduct in RCW 18.130.180 with the name, address and contact telephone number within the Department of Health."

The contact address and telephone number required in the disclosure statement are:

Department of Health Counselors Program
1300 South East Quince Street, PO Box 47869
Olympia, Washington 98504-7869

Telephone: (360) 664-9098

Amended Sections: WAC 246-810-030 Client Disclosure Information and WAC 246-810-031 Required Disclosure Information.

All counselors must provide disclosure information to each client prior to implementation of a treatment plan.

(1) The following information shall be provided to each counseling client:

- (a) Name of firm, agency, business, or counselor's practice.
- (b) Counselor's Business address and telephone number.
- (c) Washington state registration or certification number.
- (d) The counselor's name and type of counseling they provide.
- (e) The methods or techniques the counselor uses.
- (f) The counselor's education, training, and experience.
- (g) The course of treatment where known.
- (h) Billing information, including:
 - (i) Client's cost per each counseling session;
 - (ii) Billing practices, including any advance payments and refunds.

(i) The following language must appear on every client's disclosure statement:

"Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment."

(j) Clients are to be informed of the purpose of the Counselor Credentialing Act. The purpose of the law regulating counselors is: (A) To provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

(k) Clients are to be informed that they as individuals have the right to choose counselors who best suit their needs and purposes.

(l) Clients are to be informed of the extent of confidentiality provided by RCW 18.19.180 (1) through (6).

(m) Clients are to be provided a list of or copy of the acts of unprofessional conduct in RCW 18.130.180 with the name, address, and contact telephone number within the department of health.

(2) Signatures are required of both the counselor providing the disclosure information and the client following a statement that the client had been provided a copy of the required disclosure information and the client has read and understands the information provided. The date of signature by each party is to be included at the time of signing.

(3) The department of health publishes a brochure for the education and assistance of the public. The department brochure may be photocopied and provided to each client in conjunction with the disclosure information required in this section. The brochure published by the department is insufficient, by itself, to meet the requirements of this section.

RCW 18.130.180 Unprofessional Conduct.

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

- (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
- (3) All advertising which is false, fraudulent, or misleading;
- (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed;
- (5) Suspension, revocation, or restriction of the individual's license to practice the profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
- (6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
- (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
- (8) Failure to cooperate with the disciplining authority by:
 - (a) Not furnishing any papers or documents;
 - (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; or by:
 - (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding;
- (9) Failure to comply with an order issued by the disciplining authority or an assurance of discontinuance entered into with the disciplining authority;
- (10) Aiding or abetting an unlicensed person to practice when a license is required;
- (11) Violations of rules established by any health agency;
- (12) Practice beyond the scope of practice as defined by law or rule;
- (13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
- (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
- (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
- (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
- (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
- (18) The procuring, or aiding or abetting in procuring, a criminal abortion;
- (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
- (20) The willful betrayal of a practitioner-patient privilege as recognized by law;
- (21) Violation of chapter 19.68 RCW;
- (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;
- (23) Current misuse of:
 - (a) Alcohol;
 - (b) Controlled substances; or
 - (c) Legend drugs;
- (24) Abuse of a client or patient or sexual contact with a client or patient;
- (25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards. [1991 c 332 § 34; 1991 c 215 § 3; 1989 c 270 § 33; 1986 c 259 § 10; 1984 c 279 § 18.]

From: 4 - Name - Whistleblower Regarding Health Care Provider or Health Car...
Subject: intake appointment for 4 - Name - Whistleblower R...
Date: August 25, 2013 1:12:07 PM PDT
To: brian.mft@earthlink.net

hello my name is 4 - Name - Whistleblowe... and i was referred to you by Matt Todd and was told that it would be ok to contact you by email

I'm sure you are already somewhat familiar with me, at least as from Matt's perspective, so I'm not going to go into a lot of detail here; although I understand that you will not be relying on information from one or the other of us to inform your treatment of the other in any significant way, I just mean you must have a certain idea of who i am.

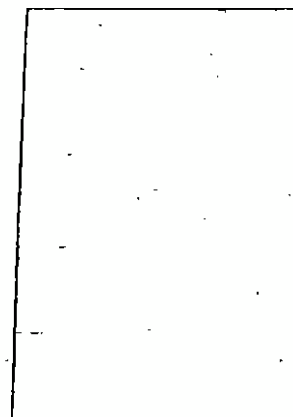
Among other issues, I have severe anxiety and a phobia of speaking on the phone, so email is the only way I can talk to you. I appreciate that you are willing to let me contact you this way. I'd like to set up an intake appointment with you if you are still willing to see me.

There are things that I am not getting out of my current therapy and Matt thinks that you would be able to help me, so I would like to at least try. There are certain things that I simply am not able to discuss with my current therapist that I feel like I might be able to bring these up with someone else. Although I am extremely uncomfortable around men, and for this reason have never had much success with any male therapist, again I am willing to try, in the hopes that you may be able to help where others have not been able to in the past, and perhaps I can talk about some things with a male therapist that I have never been able to with others.

As far as appointment times, I am free almost any afternoon, except Fridays, and generally the later in the day the better, for me. If you have an opening and are willing to see me, just go ahead and pencil me in and then tell me the date and time, and I will confirm -- it is very unlikely that I will have a conflict, as my calendar is pretty much empty.

Thank you,

-- 4 - Name - Whistleblowe...



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From: Brian Moss <brian.mft@earthlink.net>
Subject: Re: intake appointment for 4 - Name - Whistleblower ...
Date: August 25, 2013 1:30:54 PM PDT
To: 4 - Name - Whistleblower Regarding Health Care Provider or Health Car...



Hi 4 - Name - ...,

I am open to seeing you and will get back to you within the week. I would want to do an extended first session if that is possible. I usually schedule 4 hours for a first meeting. Since that is a long time, and you have not met me and do not know if you will feel comfortable with me, you are free to leave at any time without incurring any cost for the time left unused.

My fee is \$150/hr and I can take insurance. I also am open to negotiating the fee if we decide to work together long term. I have many people on sliding scales right now so I am not sure what I can promise.

I also want to make sure there are no boundary issues with my current client that might interfere with either therapy.

I appreciate the courage it takes to heal from what (I assume) you have been through.

Brian Moss MA, LMFT
 206 329 1188 (email contact is fine. I actually check it more frequently when away from the office)

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Thank you,

- 4 - Name - Whistleblower ...

4

From: 4 - Name - Whistleblower Regarding Health Care Provider or Health Ca...
Subject: Re: intake appointment for 4 - Name - Whistleblower R...
Date: August 27, 2013 5:28:21 PM PDT
To: Brian Moss <brian.mft@earthlink.net>

Hi i'm sorry i didn't get back to you right away, I normally check my email at least once a day but lately i've been having trouble with that because I am anxious about some things sitting in my inbox that I need to deal with and haven't been. I have not been doing very well this week and I don't think I would be able to do anything tomorrow without having more time to plan it out and get ready.

If you have an opening next week instead on Monday, Tuesday, or Wednesday, then I can do that. I'm sorry for the inconvenience.

On Mon, Aug 26, 2013 at 5:02 PM, Brian Moss <brian.mft@earthlink.net> wrote:

Hi 4 - Name - ... ,

Can you meet 12-4 on this Wednesday the 28?

Brian

On Aug 25, 2013, at 1:12 PM, 4 - Name - ... wrote:

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From: 4 - Name - Whistleblower Regarding Health Care Provider or Health Car...
Subject: Re: intake appointment for 4 - Name - Whistleblower ...
Date: August 28, 2013 12:28:39 PM PDT
To: Brian Moss <brian.mft@earthlink.net>

ok i can do that

On Tue, Aug 27, 2013 at 5:32 PM, Brian Moss <brian.mft@earthlink.net> wrote:
Hi 4 - Name - ...,

When I did not hear from you I assumed you were not coming tomorrow so no problem.

I can clear 12-4 next Tuesday, September 3rd if you would like that.

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Date: August 28, 2013 1:07:45 PM PDT
To: 4 - Name - Whistleblower Regarding Health Care Provider or Health ... >



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Subject: Re: intake appointment for 4 - Name - Whistleblower ...
Date: August 28, 2013 4:53:00 PM PDT
To: Brian Moss <brian.mft@earthlink.net>

I just realized I never got the address or directions or anything about exactly where we will meet and how I should get there or where to wait or anything like that.

I have a very hard time going outside, especially to places I have never been before, and it is really helpful for me to know as much as possible about exactly how things are going to work. Aside from just an address of where I'm need to go, it would really help me a lot if you could tell me in as much detail as possible exactly where I need to be, how I should go into the building, and where I should wait; especially including details, as much as possible, about what the building(s), doors, rooms, etc., will look like, and how they are oriented in relation to each other -- I process information extremely visually, so these kinds of details will really help me so much in finding my way and helping me feel confident that I am in the right place. This will really help me to be able to get there, and to be on time.

I'm sorry I know this may be an odd request, and I can get a lot of it myself using google street view once I know the address -- at least to the point of finding the right building, but that won't help me once I'm inside. I will be coming from capitol hill, by bike, so pointing me to a good place to lock my bike would also be helpful, if you know of one -- but I can also figure that out pretty well so long as I know exactly where I am going afterwards.

Thank you and I will be seeing you on Tuesday September 3rd, from Noon to 4pm.

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000051

From: Brian <brian.mft@earthlink.net>
Subject: intake appointment for 4 - Name - Whistleblower ... (sent from webmail)
Date: January 7, 2014 8:52:26 AM PST
To: brian.mft@earthlink.net
Reply-To: Brian <brian.mft@earthlink.net>



-----Forwarded Message-----

From: Brian
Sent: Aug 28, 2013 6:54 PM
To: 4 - Na...
Subject: Re: intake appointment for 4 - Name - Whistl...

Hi 4 - Name - ... ,

I'm at 2910 East Madison so you can Google that.

It is a three story yellow building with a curved front. I'm on the first floor in suite 113 which is the South West corner of the building. The front door is open until 5:00 and then you need a code. As you go in the front door the best waiting area is just to your right, very small and lots of light. A larger waiting area is straight ahead—usually more crowded but it does have a fireplace in the winter. I may be running a little late but rarely more than 5-10 minutes and will find you when it is time.

Bikes aren't allowed in the building (not my policy—I'm bike friendly) but it is possible to lock your bike in front of the building. I will send you a map and an intake form tomorrow but thought you might want to get started with Google.

The bus is the number 11 if you are coming East on Madison; drops off across the street pretty much.

Another nice feature is that my office is on the South West corner of the Washington Park Arboretum which is a good place to walk before or after a session.

Any other questions or needs don't hesitate to ask. Asking questions is a good way to assess safety, which is something your system will be doing from the moment they meet me. I won't let you down.

Brian

| -----Original Message-----

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- > hello my name is [4 - Name - Whistle...] and i was referred to you by Matt Todd and was told that it would be ok to contact you by email
- > I'm sure you are already somewhat familiar with me, at least as from Matt's perspective, so I'm not going to go into a lot of detail here; although I understand that you will not be relying on information from one or the other of us to inform your treatment of the other in any significant way, I just mean you must have a certain idea of who i am.
- >
- > Among other issues, I have severe anxiety and a phobia of speaking on the phone, so email is the only way I can talk to you. I appreciate that you are willing to let me contact you this way. I'd like to set up an intake appointment with you if you are still willing to see me.
- >
- > There are things that I am not getting out of my current therapy and Matt thinks that you would be able to help me, so I would like to at least try. There are certain things that I simply am not able to discuss with my current therapist that I feel like I might be able to bring these up with someone else. Although I am extremely uncomfortable around men, and for this reason have never had much success with any male therapist, again I am willing to try, in the hopes that you may be able to help where others have not been able to in the past, and perhaps I can talk about some things with a male therapist that I have never been able to with others.
- >
- > As far as appointment times, I am free almost any afternoon, except Fridays, and generally the later in the day the better, for me. If you have an opening and are willing to see me, just go ahead and pencil me in and then tell me the date and time, and I will confirm -- it is very unlikely that I will have a conflict, as my calendar is pretty much empty.
- >
- > Thank you,
- > - [4 - Name - Whistle...]
- >

From: Brian Moss <brian.mft@earthlink.net>
 Subject: Re: intake appointment for 4 - Name - Whistleblower R...
 Date: August 29, 2013 9:37:39 AM PDT
 To: 4 - Name - Whistleblower Regarding Health Care Provider or Health ... >
 2 Attachments, 713 KB



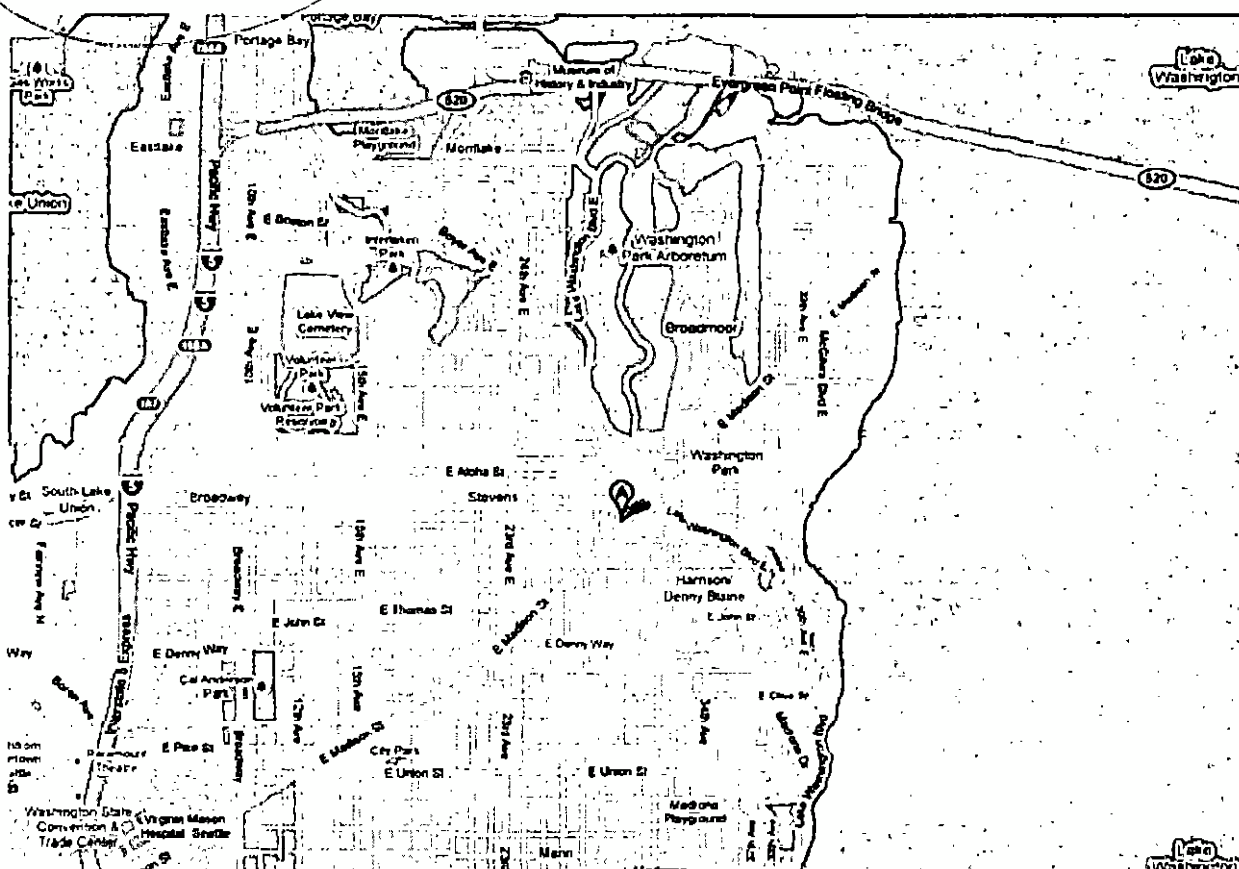
Hi 4 - Name - ...

Here is a map and an intake form. Feel free to fill out as little or as much as you would like of it.

Brian



[Intake Form.pdf \(420 KB\)](#)



On Aug 28, 2013, at 4:53 PM, 4 - Name - ... wrote:

I just realized I never got the address or directions or anything about exactly where we will meet and how I should get there or where to wait or anything like that.

I have a very hard time going outside, especially to places I have never been before, and it is really helpful for me to know as much as possible about exactly how things are going to work. Aside from just an address of where I'm need to go, it would really help me a lot if you could tell me in as much detail as possible exactly where I need to be, how I should go into the building, and where I should wait; especially including

000055

16

details, as much as possible, about what the building(s), doors, rooms, etc., will look like, and how they are oriented in relation to each other -- I process information extremely visually, so these kinds of details will really help me so much in finding my way and helping me feel confident that I am in the right place. This will really help me to be able to get there, and to be on time.

I'm sorry I know this may be an odd request, and I can get a lot of it myself using google street view once I know the address -- at least to the point of finding the right building, but that won't help me once I'm inside. I will be coming from capitol hill, by bike, so pointing me to a good place to lock my bike would also be helpful, if you know of one -- but I can also figure that out pretty well so long as I know exactly where I am going afterwards.

Thank you and I will be seeing you on Tuesday September 3rd, from Noon to 4pm.

On Wed, Aug 28, 2013 at 1:07 PM, Brian Moss <brian.mft@earthlink.net> wrote:

See you then 4 - Name -
Brian

On Aug 28, 2013, at 12:28 PM, 4 - Name - ... wrote:

ok i can do that

On Tue, Aug 27, 2013 at 5:32 PM, Brian Moss <brian.mft@earthlink.net> wrote:

Hi 4 - Name - ...

When I did not hear from you I assumed you were not coming tomorrow so no problem.

I can clear 12-4 next Tuesday, September 3rd if you would like that.

Brian

On Aug 27, 2013, at 5:28 PM, 4 - Name - ... wrote:

Hi i'm sorry i didn't get back to you right away, I normally check my email at least once a day but lately i've been having trouble with that because I am anxious about some things sitting in my inbox that I need to deal with and haven't been. I have not been doing very well this week and I don't think I would be able to do anything tomorrow without having more time to plan it out and get ready.

If you have an opening next week instead on Monday, Tuesday, or Wednesday, then I can do that. I'm sorry for the inconvenience.

On Mon, Aug 26, 2013 at 5:02 PM, Brian Moss <brian.mft@earthlink.net> wrote:

From: 4 - Name - Whistleblower Regarding Health Care Provider or Health Ca...
Subject: Re: intake appointment for 4 - Name - Whistleblower ...
Date: September 1, 2013 2:10:22 PM PDT
To: Brian Moss <brian.mft@earthlink.net>
▶ 1 Attachment, 406 KB

Here is the completed intake form

on page 19.

On Thu, Aug 29, 2013 at 9:37 AM, Brian Moss <brian.mft@earthlink.net> wrote:

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Here is a map and an intake form. Feel free to fill out as little or as much as you would like of it.

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If you have an opening next week instead on Monday, Tuesday, or Wednesday, then I can do that. I'm sorry for the inconvenience.

On Mon, Aug 26, 2013 at 5:02 PM, Brian Moss <brian.mft@earthlink.net> wrote:

Hi [4 - Name - ...],

Can you meet 12-4 on this Wednesday the 28?

Brian

On Aug 25, 2013, at 1:12 PM, [4 - Name - ...] wrote:

> hello my name is [4 - Name - Whistleblowe...] and i was referred to you by Matt Todd and was told that it would be ok to contact you by email

> I'm sure you are already somewhat familiar with me, at least as from Matt's perspective, so I'm not going to go into a lot of detail here; although I understand that you will not be relying on information from one or the other of us to inform your treatment of the other in any significant way, I just mean you must have a certain idea of who i am.

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>
> Thank you,

> -- 4 - Name - Whistleblower ...

>

intake form / disclosure statement



Completed I...pdf (406 KB)



20

From: 4 - Name - Whistleblower Regarding Health Care Provider or He... m>
Subject: Re: Hello 4 - Name - ...
Date: September 18, 2013 11:00:53 AM PDT
To: Brian Moss <brian.mft@earthlink.net>

I am so sorry. I thought I had sent the check the same day I saw you, but when I looked back through my account just now, I didn't see a payment to you, so I've sent it again just now. I think that what happened was that I didn't click the final confirmation button when I sent it last time (I pay almost everything automatically, and I so rarely actually send checks out specifically, that I didn't realize there was one more step to confirm things before it actually sends it, and I was in a hurry to send it off right away).

I sincerely apologize. I double checked this time and the check is definitely on its way. If you don't get it in the next 3-4 days let me know and I can come down there and pay you in cash. I'm really very sorry about this.

On Wed, Sep 18, 2013 at 9:30 AM, Brian Moss <brian.mft@earthlink.net> wrote:
Are you not going to pay me?

Brian

000060

From: Brian Moss <brian.mft@earthlink.net>
Subject: Re: Hello 4 - Name - ...
Date: September 18, 2013 11:04:37 AM PDT
To: 4 - Name - Whistleblower Regarding Health Care Provider or Health Car...



Thank you 4 - Name -

Any follow-up to the session? How are you doing? Did it stir you up or help make sense of anything?
Just wondering.

Brian

On Sep 18, 2013, at 11:00 AM, 4 - Name - ... wrote:

I am so sorry. I thought I had sent the check the same day I saw you, but when I looked back through my account just now, I didn't see a payment to you, so I've sent it again just now. I think that what happened was that I didn't click the final confirmation button when I sent it last time (I pay almost everything automatically, and I so rarely actually send checks out specifically, that I didn't realize there was one more step to confirm things before it actually sends it, and I was in a hurry to send it off right away).

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On Wed, Sep 18, 2013 at 9:30 AM, Brian Moss <brian.mft@earthlink.net> wrote:

Are you not going to pay me?

Brian

22

From: Brian Moss <brian.mft@earthlink.net>
Subject: **stop payment**
Date: October 7, 2013 2:32:43 PM PDT
To: 4 - Name - Whistleblower Regarding Health Care Provider or Health Car...



Hi 4 - Name - ...

Your check bounced and it appears that you put a Stop Payment on it. What's up?

Brian
206 329 1188

000062

From: Brian Moss <brian.mft@earthlink.net>
Subject: Re: Hello 4 - Name - ...
Date: October 30, 2013 9:33:02 AM PDT
To: 4 - Name - Whistleblower Regarding Health Care Provider or Health ... >



4 - Name - ...

You sent me a check and then canceled it. Is there a reason for that? Are you not going to pay me for the four hours we spent together?

Brian

Thank you 4 - Name - ...

Any follow-up to the session? How are you doing? Did it stir you up or help make sense of anything?
Just wondering.

Brian

On Sep 18, 2013, at 11:00 AM, 4 - Name - ... wrote:

I am so sorry. I thought I had sent the check the same day I saw you, but when I looked back through my account just now, I didn't see a payment to you, so I've sent it again just now. I think that what happened was that I didn't click the final confirmation button when I sent it last time (I pay almost everything automatically, and I so rarely actually send checks out specifically, that I didn't realize there was one more step to confirm things before it actually sends it, and I was in a hurry to send it off right away).

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On Wed, Sep 18, 2013 at 9:30 AM, Brian Moss <brian.mft@earthlink.net> wrote:
Are you not going to pay me?

Brian

Guidelines for Treating Dissociative Identity Disorder in Adults (2005)

International Society for Study of Dissociation

At its meeting in Vancouver, BC, Canada, in May 1994, the Executive Council of International Society for the Study of Dissociation (ISSD) adopted the *Guidelines for Treating Dissociative Identity Disorder (Multiple Personality Disorder) in Adults (1994)*. The *Guidelines* presented a broad outline of what to date was considered to be effective treatment for Dissociative Identity Disorder (DID). However, *Guidelines* like these are never finished and require ongoing revisions. A first revision of the *Guidelines* was proposed by the ISSD's Standards of Practice Committee¹ and was adopted by the ISSD Executive Council in 1997 after substantial comment from the ISSD membership and several revisions. This current revision was requested and approved by the

Address correspondence to: James A. Chu, MD, 115 Mill Street, Belmont, MA 02478 (E-mail: james.chu@earthlink.net).

Copyright 2005 by the International Society for the Study of Dissociation. The *Guidelines* may be reproduced without the written permission of the International Society for the Study of Dissociation (ISSD) as long as this copyright notice is included and the address of the ISSD is included with the copy. Violations are subject to prosecution under federal copyright laws.

Additional copies of the guidelines (US \$5 for members, \$10 for nonmembers) can be obtained by writing to the ISSD at 60 Revere Drive, Suite 500, Northbrook, IL 60062 USA.

The correct citation for this revision of the *Guidelines* is: International Society for the Study of Dissociation. (2005). [Chu, J.A., Loewenstein, R., Dell, P.F., Barach, P.M., Somer, E., Kluff, R.P., Gelinas, D.J., Van der Hart, O., Dalenberg, C.J., Nijenhuis, E.R.S., Bowman, E.S., Boon, S., Goodwin, J., Jacobson, M., Ross, C.A., Sar, V., Fine, C.G., Frankel, A.S., Coons, P.M., Courtois, C.A., Gold, S.N., & Howell, E.] Guidelines for treating Dissociative Identity Disorder in adults. *Journal of Trauma & Dissociation*, 6(4) pp. 69-149.

Journal of Trauma & Dissociation, Vol. 6(4) 2005
Available online at <http://www.haworthpress.com/web/JTD>
doi:10.1300/J229v06n04_05

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ISSD Executive Council, and utilized the expertise of a Task Force of expert clinicians and researchers.²

These *Guidelines* are not intended to replace clinical judgment. However, they summarize expert consensus concerning safe and effective treatment for DID patients. Where a clear divergence of opinion exists in the field, the *Guidelines* attempt to present the different points of view about the issue. The *Guidelines* strive to be as free as possible of bias toward any theoretical approach to treatment.

These *Guidelines* focus specifically on the treatment of DID. They are a practical guide to the management of patients—primarily adults over the age of 18—and represent a synthesis of current scientific knowledge and rational clinical practice. However, DID is only one of the dissociative disorders. There continues to be a need to explore the phenomenology and treatment of other forms of pathological dissociation (e.g., Depersonalization Disorder, Dissociative Amnesia, etc.) as well as non-pathological forms of dissociation (e.g., the relation of trance states to dissociation). However, principles of treatment of DID may also be applicable to some extent in the treatment of other dissociative disorders.

There are now separate *Guidelines for the Evaluation and Treatment of Dissociative Symptoms in Children and Adolescents* (International Society for the Study of Dissociation [ISSD], 2004), available through the ISSD and published in the *Journal of Trauma & Dissociation*, 5(3), 119-150. The American Psychiatric Association has published *Practice Guidelines for the Treatment of Patients with Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD)* (American Psychiatric Association, 2004). Since DID patients almost universally suffer from co-morbid PTSD, the reader may wish to consult those documents in addition to these *Guidelines* in developing treatment plans for dissociative disorder patients.

INTRODUCTION

Considerable progress has been made in the diagnosis, assessment, and treatment of dissociative disorders during the past decades, as reflected by increased clinical recognition of dissociative conditions, the publication of numerous research and scholarly works on the subject, and the development of specialized diagnostic instruments. Peer reviewed publications have appeared in the international literature from

tient about the nature of autobiographical memory (e.g., that it is generally considered reconstructive, not photographic), and about factors that can confuse memory and how these might impact a given memory report. The therapist should foster a therapeutic atmosphere that enjoins premature closure about the memory material, assuring that it can always be reviewed again at a later time, for example, after a number of fusions have changed the patient's level of dissociative symptoms and orientation to reality.

"Ritual" Abuse

There is divergence of opinion in the field concerning the origins of patients' reports of seemingly bizarre abuse experiences such as involvement in organized occultist "ritual" abuse and covert government sponsored mind control experiments. Some clinicians believe that patients' reports of such occurrences can be rooted in extremely sadistic events of organized abuse experienced by these patients in childhood and/or later in life. They believe that such abuse experiences may be part of a larger pattern of organized crime that sometimes includes child pornography, child and adult prostitution, and trafficking in women and drugs. These clinicians have sometimes observed that some of these patients are still enmeshed in such networks at the beginning of therapy, and the alternate identities that present for treatment may have total amnesia for the fact that the abuse is still continuing. Although these clinicians accept the possibility that these reports can be accurate, they also acknowledge that some accounts may contain inaccuracies, and that other accounts may be entirely rooted in fantasy.

Other clinicians believe that patients' experiences of extremely sadistic events in childhood can be misremembered as "ritual" abuse and covert government sponsored mind control experiments. They believe that the actual events are distorted or amplified by the patient's age and traumatized state at the time of the abuse, and sometimes by deliberate attempts by perpetrators of abuse to deceive, intimidate or overwhelm their victims.

Yet other clinicians believe that alternate explanations—such as contagion, unconscious defensive elaborations, false memory, delusion, or deliberate confabulation—may suffice to explain these patients' reports. Therapists who automatically regard all such reports invariably as historically true or historically false in the therapy setting may diminish the likelihood of timely progress toward the patient's clarification of the historical accuracy of such memories. As patients become more inte-

grated and less dissociative, they may become more able to clarify for themselves the relative accuracy of their memories. See Fraser (1997), for a balanced series of presentations on the issue of ritual abuse.

OTHER ISSUES

Publications and Interactions with the Media

The media and the public have a long fascination with DID, going back to the 19th century. Also, when doing a story, media reporters commonly want an individual to be the focus of the "human interest" aspect of the story. Thus, clinicians working with DID may find themselves targeted by the media asking to do a story on DID, usually with the request that the clinician provide a patient to be the story's focus.

In all interactions with the media concerning DID, the therapist's primary responsibility remains the welfare of his/her patients. Thus, the therapist must maintain the highest ethical and legal standards of confidentiality with respect to clinical material.

Appearances by patients in public settings with or without their therapists, especially when patients are encouraged to demonstrate DID phenomena such as switching, may consciously or unconsciously exploit the patient and can interfere with ongoing therapy. Therefore, it is generally not appropriate for a therapist actively to encourage patients to "go public" with their condition or history. Patients who ignore this advice rarely have a positive experience and often wind up feeling violated and traumatized.

Patients' Spiritual and Philosophical Issues

Like other victims of trauma by human agency, DID patients may struggle with questions of moral responsibility, the meaning of their pain, the duality of good and evil, the need for justice, and basic trust in the benevolence of the universe. When patients bring these issues into treatment, ethical standards for the various professional disciplines specify the need to conduct treatment without imposing one's own values on patients, e.g., that "forgiveness" of perpetrators is mandated by God, that an appropriate treatment outcome will result in the patient believing or disbelieving in God, etc. Indeed, when carefully explored, there may be a range of spiritual and religious beliefs among DID alternate identities. Exploration of these spiritual and existential issues can



Curriculum Vitae

Education

Master of Arts Degree (Psychology)
Antioch University (1985)

Bachelor of Arts Degree
Evergreen State College, Washington State (1983)

Professional Training and Affiliations

Approved Supervisor
American Association for Marriage & Family Therapy (AAMFT) (1993)

Clinical Fellow
American Association for Marriage & Family Therapy (AAMFT) (1989)

Licensed Marriage and Family Therapist
Washington State (LF 00000909)

Experience

Private Practice in Seattle, Washington 1985-Present

Editor: Washington Association for
Marriage & Family Therapy (WAMFT) Newsletter 1996-2000

Children's Orthopedic Hospital and Medical Center Seattle
(Internship: Outpatient Clinic Managing Refractory Pain) 10/85-10/1987

Seattle Child Guidance Center
(Internship: Child and Family Therapy) 12/84-12/1985

Seattle Mental Health Institute
(Community Volunteer in Outpatient Clinic
Serving Schizophrenics: 20hr/week) 11/80-11/1981

References

Carl Whitaker MD	On File	
Kevin Peterson PHD	Seattle, WA.	206 526 1284
Jeff Baxter MA, LMFT	Kent, WA.	253.852.2250

Significant Invited Presentations

The Effects and Treatment of Psychological Trauma
Organizational Development and Evening Presentation:
The North Sound Regional Support Network, Washington State 3/23-24/2000

The Use of Visual Art to Create Narrative in the Integration of Dissociative States
Washington Art Therapy Association
Annual Conference, Antioch University, Seattle 11/14/1998

The Use of Visual Art to Create Narrative in the Integration of Dissociative States
Fifth Annual Spring Conference
International Society for the Study of Dissociation
Amsterdam, The Netherlands 5/10—13/1995

Panel Discussion: *Whose Business Is It Anyway?*
Washington Association for Marriage & Family Therapy 11/13/1992

The Ethical Dilemmas Of Practice
Alaskan Association for Marriage and Family Therapy 11/3/1990

Invited by Carl Whitaker, MD to participate in a select group of therapists
from around the world on a six week trip to the Soviet Union
teaching marriage & family therapy. (Moscow, St.Petersburg, Tbilisi) 6/90-7/1990

Panel Discussion: *The Ethical Dilemmas of Practice.*
Washington Association for Marriage & Family Therapy 12/2/1989

Redaction Summary (159 redactions)

4 Privilege / Exemption reasons used:

- 1 -- "Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation." (3 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (2 instances)
- 3 -- "Mental health information, Adults - Information and records compiled, obtained, or maintained in the course of providing mental health services to voluntary or involuntary recipients of services at public or private mental health service agencies. RCW 70.02.230 (1), RCW 42.56.070(1)" (1 instance)
- 4 -- "Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1)" (153 instances)

Redacted pages:

Page 3, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 7, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 8, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 14, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 14, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 15, Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's agent that reveal factual or investigative information prepared, collected, or assembled in litigation or in anticipation of litigation., 1 instance

Page 16, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 17, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 18, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 19, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

Page 25, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 27, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances

Page 28, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 6 instances

Page 36, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 38, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 40, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 42, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 46, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances

Page 47, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 5 instances

Page 48, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 9 instances

Page 49, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 6 instances

Page 50, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 51, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances

Page 52, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances

Page 53, Mental health information, Adults - Information and records compiled, obtained, or maintained in the course of providing mental health services to voluntary or involuntary recipients of services at public or private mental health service agencies. RCW 70.02.230 (1), RCW 42.56.070(1), 1 instance

Page 53, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 8 instances

Page 66, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 4 instances

Page 67, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 5 instances

Page 68, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance

Page 69, Name - Whistleblower Regarding Health Care Provider or Health Care Facility - RCW 43.70.075(1), RCW

Page 3